

# Application for Diploma/Certificate

**DIPLOMA/CERTIFICATE NAME:** Print your name **EXACTLY** as you wish it embossed on your diploma/certificate, including accent marks placed above the letter they should accent. Your diploma/certificate name must correspond to the first and last name under which you have enrolled, and under which your student record exists. If it is not the same (due to marriage, etc.), you must complete a "Name Change Request Form," obtained from the Registrar's Office. The name on your transcript will be changed to agree with the same name you have requested for your diploma/certificate once you have submitted the required documents.

**TELEPHONE # AND CURRENT ADDRESS:** Your current telephone number and address are where you wish to receive commencement materials. If you do not plan to attend the University Commencement in May, be sure to check the appropriate box to indicate whether you wish to PICK UP your diploma or have it MAILED to you. Any changes in your permanent mailing address should be reported in writing to your Campus Office.

**DEADLINES:** IF YOU INTEND TO GRADUATE ON: THIS APPLICATION FOR DIPLOMA/CERTIFICATE MUST BE SUBMITTED TO THE CAMPUS OFFICE BY:  
 January 15th October 1st  
 May (date of commencement) January 2nd  
 October 1st January 2nd

There is a fee for graduation whether or not a student participates in commencement. **The graduation fee is \$80.00 payable to UMDNJ-SPH.** (must be paid when form is completed and submitted).

**FOR RECIPIENTS OF GUARANTEED STUDENT LOANS:** If you have not had your exit interview, contact the Office of Financial Aid on your campus to schedule one.

READ ALL INSTRUCTIONS BEFORE COMPLETING:

**DIPLOMA/CERTIFICATE NAME:**

\_\_\_\_\_  
*First Middle Last Name*

Phonetic spelling of your name: \_\_\_\_\_

Is this the name under which you have been registered? YES \_\_\_\_\_ NO \_\_\_\_\_ If not you must file a Name Change at the Registrar's Office.

Student ID#: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Include Number, Street and Apt. Number City County/State Zip Code*

Is this a change in your permanent address? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Graduation (circle one) OCTOBER JANUARY MAY YEAR: \_\_\_\_\_ Degree \_\_\_\_\_ Concentration: \_\_\_\_\_  
 Was this a dual degree? If so, indicate program: (e.g., BS/MPH, MD/MPH) \_\_\_\_\_  
 Was this a certificate? If so, indicate program: \_\_\_\_\_

**Degree information?** (Highest degree prior to enrollment at UMDNJ-SPH)

\_\_\_\_\_  
*Degree School Year Received*

**ATTENDANCE:** Choose either, I plan / I do not plan to attend. If you do not plan to attend Convocation/Commencement, you must still complete, sign, and date this form. Diplomas/certificates are mailed via the U.S. Postal Service. The University is not responsible for any loss or damage that may occur in transit.

Choose One:  I PLAN to attend Commencement  I DO NOT PLAN to attend Commencement  
 Choose One:  I PLAN to attend Convocation  I DO NOT PLAN to attend Convocation

If you are attending the Annual Commencement Ceremony or Convocation in May, please complete the information below:

\_\_\_\_\_  
*HEIGHT (with heels if applicable) WEIGHT CAP SIZE (if you do not know your cap size, please measure the circumference of your head and report the inches)*

If you cannot attend the Annual Commencement Ceremony in May, please complete the information below and indicate one of the following:

Choose One:  I will pick up my diploma/certificate (DO NOT MAIL) at the Registrar's Office  Please MAIL my diploma/certificate via the U.S. Postal Service  
*The University is NOT responsible for any loss or damage that may occur in transit.*

\_\_\_\_\_  
*Last Name First Middle*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*School / Campus Degree Graduation Month/Year*

**STUDENT SIGNATURE:**

**SIGNATURE OF FACULTY ADVISOR:**

*(student must secure this signature prior to submission of this form)*

\_\_\_\_\_  
*Signature Date Signature Date*

## Nation's First Collaborative School of Public Health

