

APPLICATION FOR DIPLOMA/CERTIFICATE

This form is to be completed by students who are ready to graduate with their Certificate, MS, MPH or doctoral degree. Students must obtain appropriate signatures, before submitting this form to the Campus Office. There is a fee of \$40.00, payable to the Rutgers School of Public Health. Payment must be submitted with application. Please type or print legibly.

DEADLINES: **OCTOBER 1** for January graduation
 JANUARY 2 for May graduation
 JUNE 1 for October graduation

1. Name (as it should appear on diploma or certificate):

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
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**If name listed is different than what is listed on student records, you must officially change your name with the Office of the Registrar.*

2. Phonetic Spelling of Your Name: _____

3. Current Mailing Address:

<i>Include Number, Street and Apt. Number</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Is this a Change in Your Permanent Address? **YES** **NO**

4. Student ID: _____

5. Phone Numbers:

<i>Home Telephone Number (incl. area code)</i>	<i>Business Telephone Number (incl. area code)</i>	<i>Mobile Telephone Number (incl. area code)</i>
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6. Emails:

<i>Rutgers Email</i>	<i>Alternate Email</i>
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7. Date of Graduation: (check one) **JANUARY** **MAY** **OCTOBER** **YEAR:** _____
**Please note: October graduates will be eligible to participate in May Commencement and Convocation exercises THE FOLLOWING YEAR.*

8. Degree _____ Department(s) _____ Campus _____

9. Was this a Dual Degree? If so, indicate program: (e.g., BS/MPH, MD/MPH) _____

10. Was this a Certificate? If so, indicate program: _____

11. Please provide information on highest degree awarded prior to enrollment at Rutgers School of Public Health:

<i>Degree</i>	<i>School</i>	<i>Year Received</i>
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12. Please Check: I WILL attend Commencement I WILL NOT attend Commencement
 I WILL attend Convocation I WILL NOT attend Convocation

If you plan to attend either or both Commencement and Convocation, be sure to contact your Campus Office in the Spring to obtain information about parking and ordering academic attire.

If you do not plan to attend the Commencement ceremony in May, please complete below:

- I will pick up my diploma/certificate at the Office of the Registrar. (Students must contact the Office to make arrangements).
- Please MAIL my diploma/certificate via USPS (sent Certified Mail) to the Current Mailing Address listed above.

STUDENT SIGNATURE*	DATE
FACULTY ADVISOR SIGNATURE*	DATE
FACULTY FIELDWORK ADVISOR SIGNATURE* (FOR MPH and DrPH when fieldwork was required.)	DATE

**FORM WILL NOT BE ACCEPTED WITHOUT REQUIRED SIGNATURES.*

YOUR FUTURE PLANS

Please provide the following information about your plans after graduation:

Your Name: _____
Graduation Month/Year: _____
Certificate/Degree: _____

GRADUATE EDUCATION

Are you planning to continue your graduate education at Rutgers or another educational institution?

- YES at Educational Institution: _____ What degree? _____
- NOT SURE; I am applying but have not been accepted or have not made up my mind. What degree? _____
- NO (skip to the next section: EMPLOYMENT)

EMPLOYMENT

Are you planning to continue your employment in your current position?

- YES If yes, please describe your current employment situation:
Employer: _____
Name of Company or Organization *City* *State*
What type of company or organization is this? (*pharmaceutical, local government, non-profit, etc.*):

How long have you been employed with this company or organization? _____ (years)
What is your current job title? _____
Please describe your primary job responsibilities. _____

- NO, I'm planning to change jobs within the: (*Please check one*)
___ Public Health field
___ Health Care field, but not in public health
___ Outside of public health/health care

- NO, I'm currently seeking employment within the: (*Please check one*)
___ Public Health field
___ Health Care field, but not in public health
___ Outside of public health/health care

(OPTIONAL) So that Rutgers School of Public Health may stay connected with you, please provide your profile names, if appropriate, for

Facebook: _____ Twitter: _____
MySpace: _____ Other: _____
LinkedIn: _____

THANK YOU!