

Office of the Registrar Rutgers, The State University of New Jersey 683 Hoes Lane West, Room 110 Piscataway, NJ 08854 sph.rutgers.edu sphregistrar@sph.rutgers.edu p. (732) 235-9724/4316 f. (732) 235-9599

Graduation Application

This form is to be completed by students who are ready to graduate with their Certificate, MS, MPH or doctoral degree. Students must complete both pages, obtain appropriate signatures and submit a completed curriculum worksheet, before submitting this form to the Office of the Registrar. If a student's expected graduation date changes, they must complete and submit this form again (both pages).

DEADLINES: AUGUST 1 for October graduation NOVEMBER 1 for January graduation FEBRUARY 15 for May graduation

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

Phonetic Spelling of Your Name: Current Mailing Address: Include Number, Street and Apt. Number City State Zip Code Student ID: Phone Numbers: Home Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl.	First	t Name	Middle Name		Last Nan	пе	
Current Mailing Address: Include Number, Street and Apt. Number	*If name listed is differe	ent than what is listed on studer	nt records, you must officially char	ge your name with the Office	e of the Registrar.		
Include Number, Street and Apt. Number City State Zip Code Student ID: Phone Numbers: Home Telephone Number (incl. area code) Business Telephone Number (incl. area code) Mobile Telephone Number (incl. area code) Emails: Rulgers Email Allemate Email Date of Graduation: (please check one) JANUARY MAY OCTOBER YEAR: 'Please note: October graduates will be eligible to participate in May Commencement and Convocation exercises THE FOLLOWING YEAR. Degree / Certificate Concentration Was this a Dual Degree? If so, indicate program: (e.g., BSMPH, MD/MPH) Did you or are you completing an Internal Certificate? If so, indicate program: Have you applied for graduation previously while at the School of Public Health? NO YES, in Have you attached a copy of your completed curriculum worksheet for your certificate/degree program? NO Please Check: I WILL attend Commencement I WILL NOT attend Commencement I WILL NOT attend Convocation If you plan to attend either or both Commencement and Convocation, be sure to contact your Office of Student Affinithe Spring to obtain information about parking and ordering academic attire. Please Check: 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 (item: If your mailing address changes, be sure to notify the Office of the Registrar. Student Signature* Date Or Academic Advisor: Have you reviewed and approved the student's curriuclum worksheet? NO YES	Phonetic Spelling	ng of Your Name:					
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STAV IN TOUCH WITH THE SCHOOL						
STAY IN TOUCH WITH THE SCHOOL	Your Name:					
YES, I would like to receive email and other digital communication,	Graduation Month/Year:					
including but not limited to employment opportunities, networking occasions, announcements, newsletters, philanthropic initiatives,	Certificate/Degree:					
and exclusive event invitations. By checking "Yes," I understand I am agreeing to receive email and other digital communication after g Health.	graduation from the Rutgers School of Public					
NO, I would prefer to not receive email and other digital communication Public Health. However, I understand my information will be shared where we used to share information about graduation, convocation and commer employment and/or continuing education status.	ith Rutgers University Alumni Association and					
YOUR FUTURE PLANS						
Please provide the following information about your plans after graduation	n:					
Continuing Graduate Education Are you planning to continue your graduate education at Rutgers or anoth	ner educational institution?					
☐ YES at Educational Institution:	What degree?					
NOT SURE; I am applying but have not been accepted or have not ma						
NO (skip to the next section: EMPLOYMENT)						
— TO (Stap to the Host obtain. Lim to (MEIV)						
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, lo	ocal government, non-profit, etc.):					
How long have you been employed with this company or organ	nization? (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						
THANK YOU!						