

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):

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

2. Phonetic Spelling of Your Name: _____

3. Current Mailing Address:

Include Number, Street and Apt. Number	City	State	Zip Code
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4. Student ID: _____

5. Phone Numbers:

Home Telephone Number (incl. area code)	Business Telephone Number (incl. area code)	Mobile Telephone Number (incl. area code)
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6. Emails:

Rutgers Email	Alternate Email
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7. 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.

8. Degree / Certificate _____ **Concentration** _____ **Location** _____

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

10. Did you or are you completing an Internal Certificate? If so, indicate program: _____

11. Have you applied for graduation previously while at the School of Public Health? ☐ **NO** ☐ **YES**, in _____

12. Have you attached a copy of your completed curriculum worksheet for your certificate/degree program? ☐ **NO** ☐ **YES**

13. 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, the Office of Student Experiences, Public Health Practice, and Alumni Affairs will contact you in the Spring via your Rutgers and alternate email with ceremony details and instructions.

14. 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 #3).
If your mailing address changes, be sure to notify the Office of the Registrar.

Student Signature*	Date
For Academic Advisor: Have you reviewed and approved the student's curriculum worksheet? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Academic Advisor Signature*	Date
*FORM WILL NOT BE PROCESSED WITHOUT REQUIRED SIGNATURES AND BOTH PAGES COMPLETED.	

STAY IN TOUCH WITH THE SCHOOL

- ☐ YES, I would like to receive email and other digital communication, including but not limited to employment opportunities, networking occasions, announcements, newsletters, philanthropic initiatives, and exclusive event invitations. By checking "Yes," I understand I am agreeing to receive email and other digital communication after graduation from the Rutgers School of Public Health.
- ☐ NO, I would prefer to not receive email and other digital communication after graduation from the Rutgers School of Public Health. However, I understand my information will be shared with Rutgers University Alumni Association and used to share information about graduation, convocation and commencement as well as to follow-up regarding my employment and/or continuing education status.

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

YOUR FUTURE PLANS

Please provide the following information about your plans after graduation:

Continuing 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

THANK YOU!