



University of Arkansas for Medical Sciences
Fay W. Boozman College of Public Health
Student Graduation Application

Please fill out this form and return it, together with a graduation fee (see UAMS CPH website for current list of fees), to the CPH Registrar, CPH Building, Room 1212, 4301 West Markham, # 820, Little Rock, Arkansas 72205. This form must be completed prior to the last official day of registration for May graduation or for Summer and Fall graduations. If you apply for a degree and find that you are unable to complete the requirements by the time specified, please notify this office as soon as possible (501-526-6746).

Please print your name as it is to appear on the diploma: \_\_\_\_\_

SSN: \_\_\_\_\_ Specialty Track: \_\_\_\_\_ Degree: [ ] MPH [ ] CERT [ ] DrPH [ ] MHSA

When do you plan to graduate? [ ] Fall [ ] Spring [ ] Summer 20\_\_\_\_ Non-UAMS email address \_\_\_\_\_

Degree, date, College, and Location where baccalaureate degree was received: \_\_\_\_\_

List other degrees received: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Post Graduation Employment (company, city and state, and position title): \_\_\_\_\_

Permanent Address: \_\_\_\_\_
Street City State ZIP Phone

Present Address: \_\_\_\_\_
Street City State ZIP Phone

Car License Number: \_\_\_\_\_ State: \_\_\_\_\_ Is your car registered at UAMS? \_\_\_\_\_

Hometown: \_\_\_\_\_ Hometown Newspaper: \_\_\_\_\_

Please give the address to which your diploma should be mailed:

\_\_\_\_\_
Street City State ZIP

Will you attend the May Commencement? [ ] Yes [ ] No If yes, the following information is requested for ordering commencement regalia:

Cap Size: \_\_\_\_\_ Height with shoes: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Weight: \_\_\_\_\_

Please print your Dissertation/Thesis/Integration Project Title: \_\_\_\_\_