



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 of \$57.90, to the COPH Registrar, COPH 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: _____