

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
GRADUATE SCHOOL

Degree Application

Please complete this form and return it together with a graduation fee of \$57.00 (In addition, Ph.D. students must pay a Dissertation Microfilm fee of \$170.00) to the Office of the Graduate School, College of Public Health Building, Room 1232B or mail to: UAMS Graduate School, 4301 W. Markham - Slot 601, Little Rock, Arkansas 72205. This form should be completed during registration for the semester in which degree requirements will be completed. **If you apply for a degree and find that you are unable to complete the requirements by the date specified, please notify this office as soon as possible (686-5454).**

(Please print your name as it is to appear on the diploma)

Program _____ Degree _____ (PhD,MS)

When do you plan to graduate: _____ Advisor _____
(Print Name)

Degree, date, college and location where your baccalaureate degree was awarded:

List other degrees awarded: _____

Date of Birth _____ Race _____ Sex _____ Marital status _____ Name of spouse _____

Maiden name _____ Off-campus email address _____

Address _____
Street City State Zip

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

Street City State Zip

If you are a spring semester graduate will you attend the May commencement or if you will be a summer or fall graduate will you attend the **next** May commencement? _____ (yes or no) If yes, the following information is requested for ordering commencement regalia:

- 1) Cap size _____ (the graduate school office can measure you or you can measure the number of inches around your head and call the Graduate School office (501) 686-5454.
- 2) Height with shoes: Feet ___ Inches ___
- 3) Weight _____

Please print your Dissertation/Thesis Title

Hometown _____
(City) (State)

Hometown
Newspaper(s) _____