

2009 SHRP APPLICATION FOR GRADUATION



SCHOOL OF HEALTH RELATED PROFESSIONS

University of Medicine & Dentistry of New Jersey

65 Bergen Street, Room 149 Newark, New Jersey 07107-1709 Phone: (973) 972-5454 Fax: (973) 972-7463 http://shrp.umdj.edu



FILING DEADLINES

For January 2009 Graduates October 10, 2008

For May 2009 and September 2009 Graduates December 1, 2008

Failure to comply with deadline date may result in your graduation date being pushed back to a later date as well as a \$20 late fee assessment.

Anticipated Graduation Date (Must Check One): January 2009

May 2009

September 2009

(Applications received without a graduation date box checked will not be processed)

PLEASE PRINT CLEARLY AND LEGIBLY. THE FULL NAME PROVIDED BELOW WILL APPEAR ON YOUR CERTIFICATE/DIPLOMA.

The name to appear on your certificate/diploma should be your legal name which was used at the time of admission/registration with SHRP.

Student ID _____ First Name _____ Middle Name _____ Last Name _____

Degree/Certificate sought (Circle One): Certificate, A.S., A.A.S., B.S., 2nd B.S., M.P.T., M.S., D.P.T, PhD

SHRP Program (ex. Vascular Technology) _____ If Joint Program, Affiliate Name _____

Daytime Phone # () _____ Home Phone# () _____ Email Address _____

If your surname has been changed, please attach a certified copy of appropriate court order or legal certificate, etc. Previous/former last name used when applying to an SHRP program _____

If you previously earned a degree from a college or university, please provide the following information for inclusion in the Commencement Program.

Highest degree previously earned (If a degree was required for admittance to your current SHRP program, this information must be provided):

College/University _____ State _____ Country _____ City _____

Title of Previous Degree (i.e., A.S., A.A.S, B.S., M.S., M.S.P.T., etc.) _____ Date Rec'd _____

Information Required for Commencement (This section must be filled out):

Yes, I plan to attend the Commencement Ceremony (any student who fails to attend the Commencement Ceremony without having previously notified Enrollment Services will be subject to an assessment fee of \$40).

To assist with the pronunciation of your name at the Commencement Ceremony, please spell your full name out phonetically (i.e., Susan Kegel - Sue Sun - Kay Gull) _____

No, I wish to be excused from attending the Commencement Ceremony (Students not attending Commencement should follow-up with Enrollment Services to receive their Certificate/Diploma after your graduation date.)

I previously attended UMDNJ's Commencement Ceremony in May of the year _____ for the applied degree program and will not be attending the ceremony

***** If your graduation date gets pushed back for any reason, you must submit a new Application For Graduation form to be eligible for any future graduation dates *****

Signature _____ Date of Submission _____

*All Joint Program students should also apply for graduation at your affiliate school. Failure to comply with both schools' policies (i.e. clearing all encumbrances, Financial Aid exit interviews....) may delay receipt of academic document.

Revised 08/06

For Enrollment Services Use Only

Date Application Received _____ Initials _____ Date Informed Not Graduating _____ Contact who Notified E.S. _____ New Expected Grad Date _____