



PONCE HEALTH SCIENCES UNIVERSITY

Office of the Registrar
Application for Graduation

(Please complete the form in print)

Gown Information:

Weight: _____

Height: _____

Head Measure: _____

Please enter your Legal Full Name, as it appears on the application so it will be printed on the Diploma.

Name: (Nombre)		Last name: (Dos apellidos)	Initial: (Inicial)
Student Number:		Campus: <input type="checkbox"/> Ponce, PR <input type="checkbox"/> San Juan, PR <input type="checkbox"/> Saint Louis, MO	
Academic Program:		Major: <input type="checkbox"/> MD <input type="checkbox"/> PhDBS <input type="checkbox"/> PhDPsy <input type="checkbox"/> PsyD <input type="checkbox"/> MSMS <input type="checkbox"/> CNSL <input type="checkbox"/> CTFP <input type="checkbox"/> MPH <input type="checkbox"/> MPHA <input type="checkbox"/> MPHE <input type="checkbox"/> DrPH <input type="checkbox"/> MSBS (Master of Sciences in Biomedical Sciences) <input type="checkbox"/> MSPS (Master of Sciences in Clinical Psychology) <input type="checkbox"/> MSSP (Master of Science in School Psychology) <input type="checkbox"/> BNRSE	
Home Address:			
Mailing Address:			
Phone Number:		Institutional Email:	
		Personal Email:	
Begin and End of your Academic career:		Completion of requisites:	
From: ___/___/___ To: ___/___/___		<input type="checkbox"/> May _____ <input type="checkbox"/> July _____ <input type="checkbox"/> December _____	

***Important Note: You have to present the acceptance from the Director of your program.**

Signature of the Student _____
Date

TO BE COMPLETED BY THE DIRECTOR OF THE PROGRAM

Program Director Name:
Date of the completion of the graduation requirements:
I hereby certify that this student is a graduation candidate for: <input type="checkbox"/> May _____ <input type="checkbox"/> July _____ <input type="checkbox"/> December _____ and requires a graduation evaluation by the Office of the Registrar.

***Important Note: Please complete the form in all the blanks.**

Signature of the Director of the Program _____
Date

FOR INSTITUTIONAL USE ONLY: OFFICE OF THE REGISTRAR

Received on:	Name of the Evaluator of the Student File:
Graduation requirements pending: <input type="checkbox"/> Dissertation/Thesis <input type="checkbox"/> Internship <input type="checkbox"/> USMLE-Step2CK <input type="checkbox"/> USMLE-Step2CS <input type="checkbox"/> Evaluation/Grades <input type="checkbox"/> Exam (CPX, Comprehensive Exam, other _____) <input type="checkbox"/> Practicum <input type="checkbox"/> Semester, Trimester, Quarter Courses _____	
I hereby certify that the student mentioned in this Application for graduation: <input type="checkbox"/> Is a candidate for graduation to: <input type="checkbox"/> May <input type="checkbox"/> July <input type="checkbox"/> December of _____ <input type="checkbox"/> Is not a graduation candidate	

Received in the Registrar Office by: _____ Date: _____
Received in the Office of Students Affairs by: _____ Date: _____

Revised on 11/2020