APPLICATION FOR DEGREE

Harvard School of Public Health

Instructions: Please type or print legibly. Submit to the Registrar's Office to initiate the degree audit process. Please use upper and lower case letters appropriately. Please **do not capitalize** all letters in your name.

1. **Print your full name as you wish it to appear on your diploma.** Please **do not use** professional prefixes or suffixes (Dr., MD). If your name has changed since your admittance into HSPH, please provide one of the following official name change documents to the Registrar' Office:
   - If your name has changed due to marriage, submit with your application for degree form a copy of your marriage certificate.
   - If your name has changed due to divorce or annulment, submit with your application for degree form a certificate of absolute divorce or annulment.
   - To petition for a name change for any other reason, please provide the Registrar's Office with your social security card, your passport, or a court decree showing your new name.

   _____

   (First) (Middle) (Family Name)

2. **Harvard ID Number:** _____

   Date of Expected Graduation: **Month** (check): ❑ March ❑ June ❑ November **Year:** _____

   Degree (check): ❑ MPH ❑ SM1 ❑ SM2 ❑ M60 ❑ MOH ❑ DPH ❑ SD

   Department: _____ **EH Concentration:** _____

   (**Environmental Health students only**; must be same as stated in acceptance letter)

3. **List Chronologically all of the degrees you hold** (first degree first). **Note:** Only those degrees for which the HSPH Registrar's Office has an official transcript indicating degree conferral will be listed in the Harvard University Commencement Booklet.

Degree Abbreviation (i.e. BA, BS...)	**Educational Institution**	**Location**	**Date of Conferral**

4. **Thesis Title** (for Doctoral Candidates *only*). **Note:** Please keep the Registrar's Office informed of all changes to the title you list here. **This title will be published in Harvard University's Commencement Booklet.**

   _____

   _____

5. _____ _____/_____/_____

   Student's Signature **Date**

OFFICE USE ONLY

The signature below indicates that the department has conducted a degree audit and has verified that this student has met departmental degree requirements. (The department should keep the yellow copy and return the white copy to the Registrar's Office.)

_____ _____/_____/_____

Department Chair/Program Head Signature **Date**

_____ _____/_____/_____

Second Department Chair/Program Head Signature **Date**

(if student is in two departments)

White - Registrar's Office **Yellow** - Department **Pink** - Registrar's Office **Gold** - Student