THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

Office of the Registrar
P.O. Box 20036 - UCT 2250
Houston, TX 77225
(713)500-3361 Fax: (713)500-3356

POOLCD

For Office Use Only

Application for Degree - Academic

For Academic programs only. Do not use this form if you are a MD or DDS student.

Your diploma will be ordered from this form. A non-refundable graduation fee (see Tuition & Fees schedule for amount) will be assessed. You will be responsible for additional charges for correcting diplomas if you do not graduate as scheduled, or if your name must be changed. We suggest you make a copy of this form prior to submitting it. Please submit typed or hand printed form using black ink.

Semester Degree is to Be Awarded: ☐ Fall(December) ☐ Spring(May) ☐ Summer(August)

Of Year (yyyy):

10 Digit Student ID or US SSN

Name (Last, First Middle)

1. School: ☐ SHIS ☐ GSBS ☐ SON ☐ SPH ☐ DB ☐ MED

2. Candidate for Degree of:

☐ Certificate ☐ MPH
☐ BSN ☐ DNP
☐ BSHYG ☐ DPH
☐ MSN ☐ PhD
☐ MS

Major/Concentration:

3. Type or PRINT your name legibly as it should appear on your diploma:

NOTE: Name will appear on diploma as indicated on student-records, unless legal documentaion is provided for name change.

First Name | Middle Name | Last Name | Suffix

Note: If you have questions regarding how your diploma name may be styled, see Registrar's Office w eb site at *http://registrar.uth.tmc.edu/Services/diploma_name.html*

4. Address where mail will ALWAYS reach you (if your diploma must be mailed):

Street Address

City | State | Zip

Signature - if submitting paper form

Date (mm/dd/yyyy)

Return completed form to: Office of the Registrar, UCT 2250

9852047230