



**APPLICATION FOR GRADUATION
TOURO COLLEGE OF OSTEOPATHIC MEDICINE**

IF YOU EXPECT TO COMPLETE YOUR REQUIREMENTS BY:

FORM MUST BE FILLED OUT BY:

- (CHECK ONE) JANUARY OF 20____
- JUNE OF 20____
- SEPTEMBER OF 20____

- NOVEMBER 15TH
- MAY 1ST
- JULY 15TH

LAST TERM ENROLLED FOR COMPLETED DEGREE: (CHECK ONE) FALL SPRING SUMMER YEAR: _____

FOR STUDENTS WHO APPLIED FOR GRADUATION AND DO NOT MEET THEIR PROGRAM REQUIREMENTS BY THE EXPECTED GRADUATION DATE, WILL HAVE THEIR ACADEMIC RECORD AUTOMATICALLY REVIEWED FOR THE NEXT GRADUATION DATE.

YOUR DIPLOMA WILL BE PRINTED WITH THE NAME THAT APPEARS ON YOUR TOURO COLLEGE RECORD. IF YOU WISH A DIFFERENT NAME ON YOUR RECORD, INCLUDING YOUR MIDDLE NAME, YOU MUST FILL OUT A CHANGE OF NAME FORM AND SUBMIT IT TO THE REGISTRAR'S OFFICE. ANY CHANGES OF NAME FORM SUBMITTED AFTER DIPLOMA HAS BEEN PRINTED WILL REQUIRE AN ADDITIONAL FEE AND YOU WILL BE REQUIRED TO RETURN THE OLD DIPLOMA.

CHANGE OF NAME REQUEST MUST BE SUBMITTED BY: **MARCH 30TH**

CHECK HERE IF CHANGE OF NAME FORM IS ATTACHED

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ MAIDEN NAME: _____

STUDENT ID# _____ E-MAIL: _____

ADDRESS: _____ TELEPHONE () _____

CITY: _____ STATE: _____ ZIP: _____

IF YOU WISH TO UPDATE YOUR ADDRESS ON THE OFFICIAL SCHOOL RECORD GO TO YOUR TouroOne ACCOUNT

DEGREE:

DO (Doctor of Osteopathic Medicine)

STUDENT'S SIGNATURE _____

ADVISOR'S SIGNATURE _____

DATE _____

DATE _____

FOR OFFICE USE ONLY:

GRADUATION DATE: JANUARY / JUNE / SEPTEMBER

PROCESSED BY _____

YEAR _____

DATE _____