



**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 15<sup>TH</sup>
- MAY 1<sup>ST</sup>
- JULY 15<sup>TH</sup>

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.

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**

CHECK HERE IF YOU WISH YOUR DIPLOMA TO BE MAILED TO YOUR ADDRESS AS LISTED ON THE OFFICIAL SCHOOL RECORD (Please note that diplomas will not be released to graduates who have Outstanding Financial Obligations with Touro College)

**DEGREE AND MAJOR:**

**MS in Interdisciplinary Studies in Bio and Phys Sciences**

**THE PAYMENT OF THE GRADUATION FEE MUST BE MADE ONLINE  
VIA YOUR TOUROONE ACCOUNT USING "TOUCHNET"  
PLEASE CHECK WITH YOUR ACADEMIC ADVISOR FOR CURRENT PROCESSING FEE**

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY:	GRADUATION DATE: JANUARY / JUNE / SEPTEMBER	YEAR _____
	PROCESSED BY _____	DATE _____