

# Application for Graduation

## College of Health Professions

University of Arkansas for Medical Sciences  
4301 West Markham, Mail Slot 619  
Little Rock, Arkansas 72205

Please print your name as you want it to appear on your diploma - LEGAL NAME ONLY

FIRST

MIDDLE

LAST

Program from which I plan to graduate \_\_\_\_\_

When do you expect to graduate \_\_\_\_\_

Diploma Expected Certificate \_\_\_\_\_ Associate \_\_\_\_\_ Baccalaureate \_\_\_\_\_  
(Check One) Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

**NOTE: If you are participating in the May graduation ceremony, we must have your height, weight and gender blanks completed (there is no ceremony in August and December).**

\_\_\_\_\_ I will be attending graduation: Measurements for the gown are:

Height \_\_\_\_\_ Weight \_\_\_\_\_

Gender: Male \_\_\_\_\_  
Female \_\_\_\_\_

**OR**

\_\_\_\_\_ I will not be attending the graduation ceremony. Please mail my diploma to the address below:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

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I understand that certificates and degrees are granted and diplomas delivered only after completion of all program requirements for graduation and the University clearance procedures. Accordingly, I understand that participation in the May UAMS Commencement exercises is for ceremonial purposes and does not guarantee granting of a certificate or degree.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**The form is not valid without your signature and date**