



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: tucaregistrar@tu.edu • website: <http://tu.edu>

STUDENT INFORMATION

Name _____ Student ID# _____
(required)

Please print your name EXACTLY as you want it to appear on your diploma. This must conform to the official name as it appears in your student record (viewable on TC Web). For your name to be officially changed for your diploma, you must submit all the required documents to the Registrar's Office by the deadline indicated on the Registrar's Calendar.

Phone Number _____ Touro Email _____

Personal Email _____

This application may be submitted in person, by mail, by fax or by TUC email to the Office of the Registrar. Students must submit their application by the deadlines posted on the Official Registrar's Calendar to be eligible for conferral.

NOTE: Submission of this application does not guarantee your participation in the commencement ceremony. Students planning to attend the ceremony will need to order regalia.

| |
|---|
| <p>ANTICIPATED CONFERRAL DATE: <input type="checkbox"/> January <input type="checkbox"/> May/June <input type="checkbox"/> August <input type="checkbox"/> October YEAR: _____</p> <p>ANTICIPATED DEGREE TO BE CONFERRED:</p> <p><input type="checkbox"/> DO <input type="checkbox"/> MSMHS-COM <input type="checkbox"/> PharmD <input type="checkbox"/> MSMHS-COP <input type="checkbox"/> MSPAS/MPH <input type="checkbox"/> MPH <input type="checkbox"/> MAEd/MEd <input type="checkbox"/> MSN</p> <p>FOR PUBLIC HEALTH AND EDUCATION STUDENTS, PLEASE SPECIFY YOUR TRACK/EMPHASIS: _____</p> <p>** Students in the DO/MPH and PharmD/MPH programs <u>MUST</u> submit a separate application for each program. **</p> <p>Due to FERPA regulations, you must answer the questions below.</p> <p>WILL YOU BE ATTENDING THE COMMENCEMENT CEREMONY AT THE END OF THE SPRING SEMESTER? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MAY WE INCLUDE YOUR NAME IN THE COMMENCEMENT PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For DO students: May we include your residency and specialty in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For PharmD students: May we include your hometown and undergraduate institution in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|

DIPLoma MAILING ADDRESS

Your diploma will be mailed to the address listed below approximately 2-6 weeks after your official date of conferral provided there are no holds on your student record.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Check here if you want your diploma address to be your preferred mailing address.

I hereby declare myself a graduation candidate and acknowledge that all information on this application is accurate. I further acknowledge that my completion of graduation requirements is subject to verification. In addition, an audit of my academic file will be conducted to ensure that official transcripts from all previously attended institution(s) of higher education have been submitted to Touro University California (TUC). I understand that if I have not satisfied all program requirements for the degree sought and/or have not met all TUC financial obligations before the official date of conferral, my graduation application will be cancelled by the Office of the Registrar and I must submit a new graduation application to be eligible for the next conferral date.

Student Signature _____ **Date** _____

For Office Use Only:

Date Received by Registrar's Office: _____

Information Updated In: Degree History PALM Diploma Matrix Directory Processed By: _____