



BOSTON UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF GRADUATE MEDICAL SCIENCES

Diploma Application for the Degree of
Master of Arts or Master of Science

Please return this form to the Division of Graduate Medical Sciences Office, Room: L-315, Boston University School of Medicine 715 Albany Street Boston, MA 02118. DEADLINES: NOVEMBER 2ND FOR JANUARY: JANUARY 25TH FOR MAY: JUNE 22ND FOR SEPTEMBER GRADUATION. This diploma application is valid for the graduation date specified; a new application must be filled if the student does not graduate as planned. A student must be registered in the semester in which degree requirements are completed and the preceding semester. PLEASE PRINT.

NAME: FIRST MIDDLE LAST

BU ID #: TELEPHONE #

HOME ADDRESS: LAST DATE OF OCCUPANCY

CITY STATE ZIP CODE EMAIL

MAJOR FIELD OF CONCENTRATION MAJOR ADVISOR (FIRST READER)

DEGREE PROGRAM: MA MA-MPH MA-MBA MS

(EXPECTED MONTH AND YEAR OF GRADUATION) CONCENTRATION, IF APPLICABLE

PREVIOUS SCHOOL OR COLLEGE DEGREE YEAR

Each student must fulfill all requirements for degree of Master of Arts as published in the Division Bulletin. Refer to the Policies and Procedures section of the bulletin and to the departmental section for the specific requirements for your degree program. Please indicate in the following section whether of not each requirement has been satisfied and use the line to the right to provide information as to when an outstanding requirement will be completed.

Table with 4 columns: Requirement, Satisfied, Not Satisfied, Not Required. Rows include Comprehensive Examination, Thesis, and Other.

THESIS: LIBRARY LAB HONORS GRADE: YES NO (ONLY IF REGISTERED FOR RELATED MED SCI COURSE)

STUDENT'S SIGNATURE: DATE:

