



BOSTON UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF GRADUATE MEDICAL SCIENCES

Diploma Application for the Degree of Doctor of Philosophy

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.

NAME: FIRST MIDDLE LAST

BU ID NUMBER: TELEPHONE: NUMBER

ADDRESS: LAST DATE OF OCCUPANCY

CITY STATE ZIP CODE EMAIL ADDRESS

MAJOR FIELD CODE NUMBER MAJOR ADVISOR

DEGREE PROGRAM: Post-Master's Ph.D. (8 or 12 courses) Post-Bachelor's Ph.D. (16 or more courses) EXPECTED DATE OF GRADUATION

PREVIOUS DEGREE (S) EARNED AND DATE (S) AWARDED: Print abbreviation of each previous degree earned as it appears on the official transcript.

NAME OF SCHOOL OR COLLEGE DEGREE YEAR

Each student must fulfill all requirements for degree of Doctor of Philosophy as published.. 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 2 columns: SATISFIED, NOT SATISFIED. Rows include: All courses required to satisfy department, Courses requirement, Qualifying Examination, Proposal/Prospectus/Outline approved by, Department and submitted to Division Office.

Approximate date of defense of the dissertation:

Information you think would be helpful when your record is being reviewed (optional):

STUDENT'S SIGNATURE: DATE:

