

**University of Mississippi Medical Center
APPLICATION FOR DIPLOMA**

Program/Department

Degree Sought

Expected date of graduation

Today's Date

Social Security Number

Student ID Number

This information is for your diploma, the commencement program, and hometown news stories. Please fill out this form completely and accurately AND SUBMIT TO THE GRADUATE SCHOOL OFFICE ROOM N146.

FULL LEGAL NAME

Local address (city, state, zip)

Hometown (for commencement program listing) County State

Name of your hometown newspaper (where your parents live for a release about your graduation)

Parent's name (put Mr. /Mrs. If applicable, if deceased, indicate as the late Mr./Mrs.. John Doe)

Parent's address (if parents are divorced, please list current address for both parents)

Spouse's name and hometown

PREVIOUS COLLEGE DEGREES EARNED- (Bachelors degree or higher)

College

Degree Received

Date Received

ACADEMIC HONORS & AWARDS RECEIVED AT UMC (List academic only, not class officers, etc.)