



*College of
Osteopathic
Medicine*

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Graduate/Alumni Form

Please complete and print the form. Once printed, add your signature at the bottom.

Class of

For Mailing Diploma: Diplomas will be mailed by the Diploma Company approximately 4 weeks after your date of graduation. Please indicate the correct mailing address:

Name

Address

City

State:

Zip:

Telephone #

Cell Phone #

NYIT Email Address

Personal Email Address

(for updates, recognition, achievements)

Hospital of Internship/Residency

Area of Specialty

My email address and specialty can be listed as an “Alumni Mentor” for current students to contact me? _____ Yes _____ No

SIGNATURE _____