

**NEW YORK INSTITUTE
OF TECHNOLOGY**

College of Osteopathic
Medicine

Office of the Registrar

Application for Graduation: Class 2027

Please **PRINT** your **NAME NEATLY** (as you want it to appear on your diploma)

***** The name you request must match your current name on file with the school*****

First

Middle

Last

My final rotation ends on _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home (_____) _____ Cell (_____) _____

Signature _____ Date _____

Please check all that apply:

☐ BS/DO or BA/DO- _____ (indicate school)

****This only applies to students who are in the combined 7 year program****

☐ Academic Medicine Scholars- _____ (please list specialty)

☐ Dual Degree – MBA or MS Nutrition (circle degree)

☐ Military- _____ (please list branch)

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