

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

College of Osteopathic  
Medicine

*Office of the Registrar*

**Application for Graduation: Class 2027**

Full Name: \_\_\_\_\_

**\*\*Please provide your name as you want it to appear on your diploma.  
The name you request must match your current name on file with the  
school\*\***

**My final rotation ends on** \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: 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 Degrees- \_\_\_ MBA \_\_\_ MS Nutrition \_\_\_ MS Med/Healthcare Sim

\_\_\_ Military- \_\_\_\_\_ (please list branch)

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