

***Graduation***  
**COLUMBIA UNIVERSITY**  
**SCHOOL OF PUBLIC HEALTH**

\*\* APPLICATION FOR DEGREE OR CERTIFICATE\*\*

<b>Deadlines and Conferral Dates:</b>	<b>Check One</b>
August 1 <sup>st</sup> <i>for</i> October	<input type="checkbox"/> 20_____
December 1 <sup>st</sup> <i>for</i> February	<input type="checkbox"/> 20_____
February 1 <sup>st</sup> <i>for</i> May/June	<input type="checkbox"/> 20_____

**Note: YOUR NAME WILL BE PRINTED ON THE DIPLOMA EXACTLY AS YOU STATE ON THIS FORM.** If your name has been changed legally please complete the name change affidavit form and have it notarized before you hand it in.

**NAME CHANGES WILL NOT BE ACCEPTED AFTER THE APPLICATION DEADLINE.**

**\*NOTE\*: FOREIGN ACCENTS OR CHARACTERS WILL NOT BE PRINTED ON THE DIPLOMA.**

PLEASE PRINT (CLEARLY OR TYPE)

_____,	_____	_____
LAST NAME	FIRST NAME	MIDDLE NAME
SS# _____--____--_____	DEGREE: _____	DEPT/MAJOR _____

**DIPLOMA ADDRESS (Where you want your diploma mailed if not picked-up, if different from permanent address.)**

_____	_____	_____	_____
STREET	CITY	STATE	ZIP

Day phone no.(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_- Evening Phone no (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

**\*\* If you are applying for another degree or certificate for the same conferral date, fill out a separate application for each. \*\***

_____	_____	_____	_____
SCHOOL	DEG	MAJOR	PROGRAM

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COLUMBIA UNIVERSITY  
IN THE CITY OF NEW YORK**

**OFFICE OF THE REGISTRAR  
NAME CHANGE AFFIDAVIT**

Columbia University will honor a request for name change, which is supported by a **Notarized Affidavit** along with an application for degree award.

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The undersigned, being duly sworn, deposes and says that prior to the date indicated below, he or she was enrolled at **Columbia University in the City of New York** under the name

**PRINT FORMER NAME**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

that on or about (Date) \_\_\_\_\_ his or her name was changed to

**PRINT NEW NAME**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

and that this is the name by which he or she will hereafter be known

**OFFICIAL NOTARY STAMP**

**County of** \_\_\_\_\_

**State of** \_\_\_\_\_

Subscribed and sworn to before me this (Date) \_\_\_\_\_ day.

\_\_\_\_\_  
Notary's Signature Student's Signature