

INSTRUCTIONS:

1. Fill out the form completely and sign your name.
2. Email this completed form to the Office of Student and Academic Services at cph@unthealth.edu prior to the deadlines in the academic calendar.
3. **Commencement is held once a year in May**; refer to the academic calendar for the date.

SEMESTER & YEAR OF COMPLETION:

Spring

Fall

Summer

STUDENT INFORMATION:

Student Name: _____
Last *First* *Middle Initial*

Student ID: _____ Student Email: _____

DEGREE INFORMATION:

Select Degree: MPH MHA MS PhD

Concentration: _____

Culminating Experience: CPH Exam Thesis/Dissertation*

*Title of Thesis/Dissertation: _____

COMMENCEMENT INFORMATION:

Participating in the CPH Commencement Ceremony: YES NO

Student Signature

Date

By signing this form, I authorize the Student Financial Office to add the associated fees to my student bill.