



Registrar's Office

Application for Graduation

Gown Information:

Weight: _____
Height: _____
Head Measure: _____

Please enter your Legal Full Name, as it appears on your birth certificate or most recent legal name official document.
Last name: Name: Initial:
Student Number: Campus: Ponce, PR San Juan, PR Saint Louis, MO
Academic Program: Major: MD PhDBS MSMS MSMS Online PsyD PhdPsy MSSP (Master of Science in School Psychology) CNSL CTFP DrPH MPH MPHA MPHE MSBS (Master of Sciences in Biomedical Sciences) MSPS (Master of Sciences in Clinical Psychology) BSN MSN
Home Address:
Mailing Address:
Phone Number: Institutional Email: Personal Email:
Begin and End of your Academic career: Completion of requisites: March May July September December
From: ___/___/___ To: ___/___/___

Signature of the Student Date

TO BE COMPLETED BY THE DIRECTOR OF THE PROGRAM

Program Director Name:
Date of the completion of the graduation requirements:
I hereby certify that this student is a graduation candidate for:
March May July September December and requires a graduation evaluation by the Office of the Registrar.

Important Note: Please complete the form in all the blanks.

Signature of the Director of the Program Date

FOR INSTITUTIONAL USE ONLY: OFFICE OF THE REGISTRAR

Received on: Name of the Evaluator of the Student File:
Graduation requirements pending:
Dissertation/Thesis Internship USMLE-Step2CK USMLE-Step2CS Evaluation/Grades
Exam (CPX, Comprehensive Exam, other) Practicum
Semester, Trimester, Quarter Courses
I hereby certify that the student mentioned in this Application for graduation:
Is a candidate for graduation to: March May July September December of
Is not a graduation candidate

Received in the Registrar Office by: Date:

THE GRADUATION EVENT IS HELD EVERY YEAR DURING THE MONTH OF JUNE.

Revised on 06/2023



PO BOX 7004, Ponce PR 00732
www.psm.edu