

Upstate Medical University
COMMENCEMENT INFORMATION FORM

INSTRUCTIONS: Submit the completed document to the Registrar's Office via email to registrar@upstate.edu, in-person, via fax to (315) 464-8822, or send it by mail to the following address: Registrar's Office CAB 203, Upstate Medical University, 155 Elizabeth Blackwell Street, Syracuse, NY 13210.

Student ID Number: _____ **Program:** _____

DIPLOMA INFORMATION

Please **PRINT** or type exactly how you would like your name to appear on your diploma. Your Diploma Name will also appear in the Commencement Bulletin as indicated below. PLEASE NOTE: The diploma name must match the name as it appears on your student record. **To change your name on your student record, you must complete the Change of Name Form and provide the original legal documentation of the name change in-person to the Registrar's Office before your anticipated date of graduation.** For Spring and Summer semester graduates, documentation will need to be provided to the Registrar's Office by an earlier date due to the Commencement Bulletin publication deadline.

Diploma Name: _____
First Name (Optional) Middle Name or Initial Last Name

Current Name on Student Record: _____

Check if your Current Name is the same as the Diploma Name above.

Address to which your diploma may be mailed:

Street Line 1: _____

Street Line 2: _____

City: _____ State: _____

Zip Code: _____ Country: _____
(If other than the United States)

Phone Number: _____ **Alternate Email:** _____
(Another email you will check after graduating, other than UPSTATE.EDU account)

COMMENCEMENT BULLETIN INFORMATION

Hometown: _____
City State Country (If other than the United States)

Did you previously graduate from Upstate Medical University? NO YES

If YES, Graduation Year: _____

If NO, Prior College / University Attended: _____

Degree and Program: _____

HOMETOWN NEWSPAPER PUBLICATIONS

Information about your graduation from Upstate and commencement activities may be sent to your hometown newspaper on your behalf. **If you would like Upstate to send a notice to your hometown newspaper, please provide the following information:**

Newspaper Name: _____

Newspaper Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature: _____ **Date:** _____