

APPLICATION FOR GRADUATION
Master of Science in Bioethics

Students completing all requirements for the Masters in Science for Bioethics must complete and submit this form in order to begin graduation clearance processing for conferral of the degree. Degrees are conferred **only** when the office of the Registrar confirms that all requirements have been met. Consult the relevant sections of the Program Handbook for details. Please do also indicate, below and on the following page, whether you will attend a graduation ceremony, to be held once a year in May or June.

You will be billed a \$150 fee for conferral. You may make payments to the Office of Student Finance. Please do so as soon as possible to ensure a speedy delivery of your certificate. Contact Damien Jackson, Director Office of Student Finance, at (718) 862-1813 with any questions related to billing and payment.

Submission: All applications should be emailed to bioethics@montefiore.org, for filing and distribution to appropriate administration.

Last Name: _____ First: _____ Middle: _____

Banner ID #: _____ - _____ - _____

Anticipated Date of Graduation: May/June **Year: 20**

I will attend graduation I will not attend graduation

For Attire:

Height: Ft In Weight

MAIL DIPLOMA TO			
Diploma Name:	_____		
	First	Middle	Last
Street:	_____	City: _____	State: _____ Zip: _____
Daytime Telephone #:	_____	E-mail Address:	_____

**INTENT TO ATTEND GRADUATION
Master of Science in Bioethics**

I, _____, declare my intent to attend masters students graduation ceremonies at the Albert Einstein College of Medicine (Einstein), for my work toward the master of science in bioethics (MBE). I acknowledge that being allowed to participate in the graduation ceremony does not automatically confer the degree or award the diploma. I will only receive a diploma upon satisfactory completion of all requirements and of graduation clearance by the Registrar. My diploma will be dated accordingly.

Applicant Electronic Signature: _____ Date: _____
(With this signature I certify that all application information provided is true to the best of my knowledge)

Office of the Registrar Use Only

Entered by: _____ Date: _____