



College of
Osteopathic
Medicine

Office of the Registrar

Application for Graduation: Class 2024

Please **PRINT** your **NAME NEATLY** (as you want it to appear on your diploma)
*** The name you request must match your current name on file with the school***

First _____ Middle _____ Last _____

My final rotation ends on _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home (_____) _____ Cell (_____) _____

Signature _____ Date _____

Please check all that apply:

BS/DO or BA/DO- _____ (indicate school)

****This only applies to students who are in the combined 7 year program****

Academic Medicine Scholars- _____ (please list specialty)

Dual Degree – MBA or MS Nutrition (circle degree)

Military- _____ (please list branch)

NYITCOM at Arkansas State University
P. O. Box 119
State University, AR 72467
Phone: 870-972-2786
Fax: 870-680-8800
comjbregristrar@nyit.edu

NYIT College of Osteopathic Medicine
Northern Blvd., PO Box 8000
Serota Building-Rm 222
Old Westbury, NY 11568-8000
Phone: 516-686-3932
Fax: 516-686-3891
medicineregistrar@nyit.edu