

Application for Degree - MD/DDS

For MD or DDS programs only. Do not use this form if you are an Academic student.

Your diploma will be ordered from this form. You will be responsible for additional charges for corrected diplomas if you do not graduate as scheduled. Please type or print with black ink.

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Student ID

_____ **Name (Last, First Middle)**

1. School: Dental Medical

2. Candidate for Degree of: Doctor of Dental Surgery
 Doctor of Medicine

3. PRINT your name as it should appear on your diploma:

NOTE: Name will appear on diploma as indicated on student-records, unless legal documentation is provided for name change.

_____ **First Name**

_____ **Middle Name**

_____ **Last Name**

_____ **Suffix**

Note: If you have questions regarding how your diploma name may be styled, see Registrar's Office web site at <https://www.uth.edu/registrar/current-students/graduation/name-style-in-diploma.htm>

4. Address where mail will ALWAYS reach you (if your diploma must be mailed):

_____ **Street Address**

_____ **City**

_____ **State**

_____ **Zip**

_____ **Signature**

_____ **Date (mm/dd/yyyy)**

Return completed form to: Office of the Registrar, UCT 2250