



**BOSTON UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF GRADUATE MEDICAL SCIENCES**

**Diploma Application for the Degree of
Master of Arts or Master of Science**

*Please return this form to Boston University School of Medicine Division of Graduate Medical Sciences, 72 East Concord Street, Rm. L-315, Boston, MA 02118. **DEADLINES: NOVEMBER 2ND FOR JANUARY: JANUARY 25TH FOR MAY: JUNE 22ND FOR SEPTEMBER GRADUATION.** This diploma application is valid for the graduation date specified; a new application must be filled if the student does not graduate as planned. A student must be registered in the semester in which degree requirements are completed and the preceding semester. PLEASE PRINT.*

NAME: _____
FIRST MIDDLE LAST

BU ID #: _____ TELEPHONE # _____

HOME ADDRESS: _____ LAST DATE OF: _____
OCCUPANCY

CITY _____ STATE _____ ZIP CODE _____ EMAIL _____

MAJOR FIELD OF CONCENTRATION _____ MAJOR ADVISOR (FIRST READER) _____

DEGREE PROGRAM: MA _____ MA-MPH _____ MA-MBA _____ MS _____

(EXPECTED MONTH AND YEAR OF GRADUATION) CONCENTRATION, IF APPLICABLE

PREVIOUS SCHOOL OR COLLEGE _____ DEGREE _____ YEAR _____

Each student must fulfill all requirements for degree of Master of Arts as published in the Division Bulletin. Refer to the Policies and Procedures section of the bulletin and to the departmental section for the specific requirements for your degree program. Please indicate in the following section whether or not each requirement has been satisfied and use the line to the right to provide information as to when an outstanding requirement will be completed.

	SATISFIED	NOT SATISFIED	NOT REQUIRED
Comprehensive Examination:	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Thesis	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
"I" grade for required course work taken in previous semester (please indicate course number)			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

THESIS: LIBRARY _____ LAB _____ HONORS GRADE: YES _____ NO _____
(ONLY IF REGISTERED FOR RELATED MED SCI COURSE)

STUDENT'S SIGNATURE: _____ DATE: _____

BOSTON UNIVERSITY

SCHOOL OF MEDICINE

Division of Graduate Medical Sciences

72 East Concord Street, Room L-315

Boston, MA 02118

Name _____
First Middle Last

Date of Birth ____/____/____ Place of Birth _____ Sex ____ Marital Status _____

BU ID # _____ Country of Citizenship _____

Permanent Address: _____

City _____ State _____ Zip Code _____

Will you attend the May Hooding Ceremony? Yes ☐ No ☐
Commencement Activities? Yes ☐ No ☐

Completion of Exit Survey (MA Medical Sciences only) Yes ☐

List of schools applied to for the following academic year: _____
(medical schools, osteopathic schools, dental schools) (YEAR)

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Immediate Post graduate plans: _____

Long-range Plans/goals: _____



**Boston University
School of Medicine
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72 East Concord Street, Room L-315
Boston, MA 02118**

PROCEDURE FOR SUBMITTING A MASTER'S THESIS TO THE GRADUATE OFFICE

Students in graduate programs in the School of Medicine submit their thesis directly to Office of Graduate Medical Sciences rather than to Mugar Library as indicated in the Library's Research Guide.

The staff of the graduate office will prepare the bill and deliver the copies to the library. Please follow these instructions when submitting your thesis to the Office of Graduate Medical Sciences, at BUSM, Room L-315.

- 1. Once both readers have approved thesis, you may drop off a hard copy of your completed thesis on regular paper to Millie Agosto in the Division Office L-315 no earlier than one month prior to final submission.** The hard copy with Ms. Agosto's comments will be available for pick up at the GMS office 1 to 2 days later. Do not prepare the final thesis copies until you have received Ms. Agosto's approval of your thesis format.
- 2. Submit two copies of the thesis with original signatures in each copy:** The signature pages should be printed on the same type of paper as the thesis. Paper requirements are indicated below.
- 3. Paper requirements: 20Lbs, 25% cotton fiber or rag content:** An acid free, non-yellowing paper is recommended but not required. This paper is sometimes referred to an "Archival Bond". Please ask the copy center you choose to put each copy in a separate box.
- 4. A check in the amount of \$25.00 made payable to "Boston University":** This covers the cost of the two copies of the thesis. If you are leaving the area and closing your bank accounting, it is suggested that you use a bank or postal money order.
- 5. Fill out the form on which you indicated how you wish your name to appear in the Mugar Library catalog.**

PLEASE NOTE THAT THE DEADLINE FOR SUBMITTING YOUR THESIS IS A FIRM ONE.

If you are having any difficulties, or have questions regarding the procedures for completing your final requirements, please do not hesitate to contact Millie Agosto (617) 638-5124. Please realize that the mechanical part of producing the thesis is very time consuming; please allow ample time to complete all corrections and revisions.

GOOD LUCK!