

MASTER OF SCIENCE Degree Recipients

To:

OFFICE OF THE GRADUATE REGISTRAR BELFER BUILDING – Room 202 Tel: (718) 430-8682 | Fax: (718) 430-8655 gradregistrar@einsteinmed.edu

MS DIPLOMA FORM

Printed Name on MS Diploma	
Clearly PRINT your name exactly as it should appinclude accents.	ear on your Master of Science diploma. If applicable,
	e. If your legal name has changed or differs from the name on or other legal document showing the legal name change must
Submit this form to the Graduate Office at qualex	am@einsteinmed.edu.
`NAME:	
(Middle)	(Last)
	Clearly PRINT your name exactly as it should app include accents. Printed name on the diploma must be your legal name your graduate school record, a copy of the court order be filed with the Graduate Office (Belfer 202). Submit this form to the Graduate Office at qualex.