

NAME: \_\_\_\_\_ (Rev 11/2019)

– I want my name and other information to be included in convocation and commencement programs and graduation announcements.

– Do not include my name and information.

PRIOR DEGREE (S)	UNIVERSITY/COLLEGE	YEAR RECEIVED

*For students who wish to base their essay/thesis/dissertation on any practicum/internship or other experiences with external organizations, including the Allegheny County Health Department (ACHD), please note that your essay/thesis/dissertation may require additional approval from the site. For ACHD data, refer to the Pitt Public Health Academic Handbook <http://www.publichealth.pitt.edu/academic-handbook> for further requirements.*

**If the above applies to you please check here:** \_\_\_\_\_

**Specify location of practicum/internship** \_\_\_\_\_

MHA/MPH students, indicate which you are completing: ESSAY \_\_\_\_\_ or THESIS \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NON-PITT E-MAIL ADDRESS\*: \_\_\_\_\_

\*We require an active non-Pitt e-mail address so that we can request updates on your employment after graduation. This data is required by the Council on Education for Public Health (CEPH).

PHONETIC PRONUNCIATION OF NAME: \_\_\_\_\_