

**M.D. CANDIDATES  
CONVOCAATION ATTENDANCE FORM**

***SOM ceremony, Thursday, May 24, 2012 at 2:30 p.m., Meyerhoff Symphony Hall  
Homewood ceremony, Thursday, May 24, 2012 at 8:40 a.m., Homewood Field***

In order to reserve the appropriate number of seats at each ceremony, please indicate your attendance.  
(Tickets are not required.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(please print)

**SECTION A: Please complete this section.**

**A) SOM Convocation Ceremony – Thursday, May 24, 2012**

\_\_\_\_\_ I plan to participate in the School of Medicine Convocation ceremony.

**OR**

\_\_\_\_\_ I do not plan to participate in the School of Medicine Convocation ceremony.  
(complete Section B)

**SECTION B: Complete this section if you do not plan to attend the SOM ceremony.**

**B) Diplomas are distributed during the SOM Ceremony. Please indicate how you plan to receive your diploma.**

\_\_\_\_\_ Please mail diploma to following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

\_\_\_\_\_ I will pick up my diploma in the Office of the Registrar, Broadway Research Building, Suite 147 after May 25.

**SECTION C: Please complete this section.**

**C) Homewood Ceremony – Thursday, May 24, 2012**

\_\_\_\_\_ I plan to participate in the Homewood ceremony.

**OR**

\_\_\_\_\_ I do not plan to participate in the Homewood ceremony.

**SECTION D: Please complete this section.**

**D) Phonetic Pronunciation**

To assist the University readers, please provide a phonetic pronunciation of your name if you plan to attend either or both ceremonies.

\_\_\_\_\_

PLEASE RETURN THIS FORM by **April 2, 2012** TO:  
Office of the Registrar  
Johns Hopkins University School of Medicine  
Broadway Research Building, Suite 147  
733 North Broadway  
Baltimore, MD 21205  
Fax: 410-955-0826  
Email: [somgraduation@jhmi.edu](mailto:somgraduation@jhmi.edu)