

School of Medicine

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Office of the Dean
Registrar

Certificate Clearance Form

The following form should be completed and sent to the Registrar's Office at the time you complete certificate requirements.

NAME (please print): _____
Last Name First Name

POSTGRADUATE PLANS: (Include position, institution, and preceptor if continuing training)

DEMOGRAPHIC DATA

HOME ADDRESS: Effective Date: _____ (mm/dd/yyyy)

PHONE NUMBER:

PERSONAL/NON JHU EMAIL ADDRESS:

NOTE: Your diploma will be sent via first class mail to you during the month of January (December graduates) or June (May graduates). We will confirm your mailing address prior to sending the diploma and will not release your diploma until we have received a response from you.

RETENTION OF JOHNS HOPKINS EMAIL ACCOUNT:

You are eligible to keep your Johns Hopkins email account for life. In order to take advantage of this, you will need to register with the alumni office and migrate your email. You are encouraged to do this right away. Once your JHED account is closed you lose access to your current email and any messages in your inbox will be unrecoverable. See the Alumni Office's webpage for instructions on how to migrate your email at <http://alumni.jhu.edu/alumniemailmigration/injhed>.

Certificate Student Signature

Date