



OFFICE OF RECORDS AND REGISTRATION
 GRADUATE DIVISION

HENRY KAUFMAN MANAGEMENT CENTER
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 FAX: 212-995-4424

Employer Notification of Graduation

Langone Program Students

Congratulations on your graduation this year! The Stern Graduate School would be pleased to notify your supervisor or Human Resources department about the completion of your M.B.A degree, so that you can receive appropriate recognition for your achievements. If you would like your supervisor to receive a notification letter from the Stern School, please complete this form and return it with your application for graduation.

PLEASE MAIL OR FAX THIS FORM TO THE ADDRESS ABOVE.

(A) PERSONAL INFORMATION		
1 Title: (Circle one) Mr. / Ms.	2 Name: (Last, First, M.I)	3 Student ID #: N _____
4 Home Phone No.: ()	5 Business Phone No.: ()	6 Expected Graduation Date: (Check <input checked="" type="checkbox"/> one and enter the year) <input type="checkbox"/> <i>September</i> <input type="checkbox"/> <i>January</i> <input type="checkbox"/> <i>May</i> Year: _____

(B) EMPLOYER INFORMATION			
1 Company Name & Address:			
Print Supervisor Name(s) and/or Human Resources Representative: (maximum of 3 only)			
1.	Title: (Circle one) Mr. / Ms.	Name:	Job Title:
2.	Title: (Circle one) Mr. / Ms.	Name:	Job Title:
3.	Title: Circle one Mr. / Ms.	Name:	Job Title:

<p>PLEASE NOTE:</p> <p>This notification will be sent subsequent to actual conferral of the degree. Also, no personal information such as your grade point average, or major will be forwarded with this notification.</p> <p>Student's Signature: _____ Date: _____</p>

OFFICE USE ONLY		
14	Date: _____	Initials: _____
Excl	Date: _____	Initials: _____