

Change of Graduation Date Request

Completed form can be returned to the DGSOM Registrar via email at [DGSOM Registrar](#)

I understand I must notify the Student Affairs Office, in writing, if I intend not to graduate with the class in which I matriculated. I also understand that all changes of status are approved upon the discretion of the Associate Dean for Student Affairs.

First & Last Name _____ UID: _____

Currently in Class of: _____

I intend to graduate in _____ of _____ and plan to march in the May/June _____
June or December Year Year

graduation ceremony (HOC).

I intend to go through the Match with the Class of _____ in March _____
Year

Reason for request (please describe fully)

Student Signature: _____ Date: _____

Office use only

Requirements:

Approved: _____
Lee Miller, M.D., Associate Dean

Date: _____