

Postpone Graduation Request

• This form should be completed once the student knows that their graduation year will be delayed.

Student LAST Name: _____ Student FIRST Name: ____

- Once part A is approved:
 - o Students should discuss all plans for leaves of absence, extended curriculum, or enrolling in additional courses with their academic counselor who will guide them through the needed/ or required steps.
 - o A copy of the form should be submitted to the Office of the Registrar. The student's class mailing list subscription will be changed according to the new graduation year.

		nt Class:
Part A		
I would like to request to pos	tpone my graduation from year	to year for the below reason:
	cal LOA Academic LOA until Date:	Extended Curriculum (Research)
I have passed USMLE Step ex	ams: \square Step 1 \square Step 2 C	K 🗆 None
•	schedule and re-entry plan. I demic LOA, Extended Curriculu	have submitted all he documents um).
Faculty Advisor:		_ Date
Assoc. Dean for Medical Educati	on/Designee Approval:	Date
Part B		
The student met with me and	submitted the below:	
Request for LOA Lette	r of Intent for Research	
	r	Date
Academic Counselor:	L	

Student's Signature: ______Date_____

