Weill Cornell Medicine-Qatar

Postpone Graduation Request

Student LAST Name: _____

Student FIRST Name: _____

Student ID#: _____

Student current Class: _____

I would like to request to postpone my graduation from year…………………………….to year ………………………for the below reason:

………

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………

………

During the additional time, my plan is to apply for :

☐ Personal LOA   ☐ Research Elective ☐ Clinical Electives ☐ Academic related courses

From Date…………………….. until Date:…………………………..

Attached is my current schedule on QLEARN.

Student's Signature _____

Counselor Pre-Approval: _____

Assoc. Dean for Medical Education/Designee Approval: _____

Assis Dean for Student Affairs/Designee Approval: _____