GRADUATION REGISTRATION FORM

DOCTOR OF MEDICINE DEGREE

This form must be completed and returned to the Office of Student Affairs in the School of Medicine by **March 1, 2010** if you wish to be considered for graduation in May of 2010.

Diploma Information

Print your name **exactly** as you wish it to appear on the diploma. If the name you are listing here is different than your present name, you must contact the Registrar’s Office in the School of Medicine for an official name change. Please indicate clearly the spaces between names and any accent marks which you would like to have included. Please use upper and lower case letters.

________________________________________________ ______________
(Please print clearly)

For the reading of names during the graduation ceremony, please indicate below your name as you would like it to be read and how you pronounce the name phonetically. Indicate long and short vowels, e.g. căt or căpe, and which syllable is accent.

__________________________________________________ ____________

Graduation Requirements

It is your responsibility to ensure completion of all graduation requirements for the M.D. degree. The Registrar’s Office will be conducting a review to determine that you have met the course distribution and credit unit requirements for graduation. This is based on courses scheduled through the 2010 spring semester; thus, you should check with the Registrar’s Office about your credit count first if you are considering dropping any courses. The Student Standards Committee will review your overall record based on the criteria set forth when you matriculated at the University of Pennsylvania School of Medicine.

If you have completed all requirements for the M.D. degree, please sign after the following statement:

**To the best of my knowledge, I have fulfilled, or will fulfill by April 2010, all degree requirements, and request that I be considered for the awarding of the Doctor of Medicine in May of 2010.**

______________________________________     ______________
(Signature)      (Date)