GRADUATION REGISTRATION FORM

DOCTOR OF MEDICINE DEGREE

This form must be completed and returned to the Office of Student Affairs in the Perelman School of Medicine by February 19, 2016 if you wish to be considered for graduation in May of 2016.

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 Perelman 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. This is how your name will be listed in the program; students will be seated alphabetically according to this information.

______________________________________________________________
(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 accented.

______________________________________________________________

In addition to writing your name phonetically, please call 605-549-5049 and say your full name exactly as you would like it read at the ceremony. Say it slowly, clearly, and loudly. This voicemail will be played for Dr. Morris and he will repeat your name precisely as you say it.

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. 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 Perelman School of Medicine.

To the best of my knowledge, I have fulfilled, or will fulfill by April 2016, all degree requirements, and request that I be considered for the awarding of the Doctor of Medicine in May of 2016.

______________________________________________________________
(SIGNATURE) (DATE)