



MARSHALL UNIVERSITY
Joan C. Edwards School of Medicine

APPLICATION FOR MAY 2019 GRADUATION

Name: _____ Student ID No. _____
Last First Middle or Maiden

Current Mailing Address: _____ Home Phone: _____
Cell Phone: _____

GRADUATION CHECKLIST:

- Documentation of current ACLS certification is on file with Academic Affairs.
- IRB-CITI re-certification for Year 4 has been completed.
- OSHA recertification for Year 4 has been completed.
- I acknowledge that I have satisfactorily completed or will have completed the Patient Encounter and Procedure Logs as required for my graduating class by April 15, 2019.
- I acknowledge that I will complete the required Senior Loan Exit Interview before graduation.
 - o Options to satisfy this requirement will be announced no later than April 15, 2019 by email.
- I acknowledge that passage of the USMLE Step 2 CK* is required for graduation.
- I acknowledge that passage of the USMLE Step 2 CS* is required for graduation.

No schedule changes are permitted after February 22, 2019. Check your schedule to ensure all entries are correct including course numbers and dates. Elective requests must be "approved" prior to this deadline.

By my signature below, I ATTEST that the following courses are ACCURATELY entered and APPROVED on the student scheduler:

- 2 weeks of Required Emergency Medicine/EMS744
- 4 weeks of Sub-I [Must be one of the following: FCH827; MED827; OBG827; ORT827; PED827; PSI 827; SUR827]
- 2 weeks of ICU [Must be one of the following: MED833; PED807; PED805; SUR833]
- 28 weeks of electives that do not violate scheduling restrictions established for this graduating class.

Your diploma will be ordered with your name as it appears on the Marshall University Student Information System. The name format is first, middle, last. Please verify your name format with the Medical School Registrar's office. If corrections are necessary, you will need to submit a Name Change Application to the Office of the Registrar on main campus, and submit a copy of your Social Security Card as documentation of the requested change.

_____ The Diploma Fee of \$100.00 must be paid to the Office of the Bursar and receipt or confirmation of payment needs to be attached to this Application for Graduation. Contact the Office of the Bursar at 304-696-6620 to determine payment options.

Upon graduation, Marshall University will publish certain directory information about graduates in the Commencement program and will release information to newspapers and other media for publication. The directory information to be published may include name, major, degree, honors and awards received, and city, county and state of residence. If you do not wish this information released, regardless of any previous requests for confidentiality of directory information, you must notify the Main Campus Registrar's Office within 10 business days of submitting this Application for Graduation. You must state specifically that you do not want your graduation information published.

By entering your name below, you agree to meet all of the above conditions for graduation. Your typed name will act as an official signature.

Student Signature _____ Date: _____

PLEASE SUBMIT THIS GRADUATION APPLICATION **NO LATER THAN February 22, 2019**
TO: MICHELLE RUPPERT, 1600 MEDICAL CENTER DR., SUITE 3415, HUNTINGTON, WV 25701