Registrar's Office

Application for Graduation

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Last name: Name: Initial: Student Number: Campus: [Ponce, PR] San Juan, PR] Saint Louis, MO Academic Program: Major: DMD [PhDBS DMSMS] MSMS Online D PsyD DhdPsy DMSSP (Master of Sciences in SchopsyD (DNSL) CTTPP [DrPH] [DMPH] DMPHA DMPHE DMSBS (Master of Sciences in Biomecs) Sciences) D MSPS (Master of Sciences in Clinical Psychology) DSN MSN Home Address:	Please enter your Legal F	full Name, as it appears on	your birth certificate or most recent	legal name official document.		
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From: To: Date			Personal Email:			
Signature of the Student Date TO BE COMPLETED BY THE DIRECTOR OF THE PROGRAM Program Director Name: Date of the completion of the graduation requirements: I hereby certify that this student is a graduation candidate for:			□ March □ May □ July _	🗆 September		
TO BE COMPLETED BY THE DIRECTOR OF THE PROGRAM Program Director Name: Date of the completion of the graduation requirements: I hereby certify that this student is a graduation candidate for:	From:/ To:/	//	December			
of the Registrar. *Important Note: Please complete the form in all the blanks.* Signature of the Director of the Program FOR INSTITUTIONAL USE ONLY: OFFICE OF THE REGISTRAR Received on: Craduation requirements pending: Dissertation/Thesis Internship USMLE-Step2CK USMLE-Step2CS Evaluation/Grades Exam (CPX, Comprehensive Exam, other) Practicum Semester, Trimester, Quarter Courses I hereby certify that the student mentioned in this Application for graduation: I is a candidate for graduation to: March May July September December of Is not a graduation candidate	Date of the completion of the I hereby certify that this stude	ent is a graduation candidate fo		graduation evaluation by the Office		
Signature of the Director of the Program Date FOR INSTITUTIONAL USE ONLY: OFFICE OF THE REGISTRAR Received on: Name of the Evaluator of the Student File: Graduation requirements pending: Dissertation/Thesis Internship USMLE-Step2CK USMLE-Step2CS Exam (CPX, Comprehensive Exam, other) Practicum Semester, Trimester, Quarter Courses Ihereby certify that the student mentioned in this Application for graduation: Is a candidate for graduation to: March March Is not a graduation candidate				graduation evaluation by the office		
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Received in the Registrar Office by:						
****THE GRADUATION EVENT IS HELD EVERY YEAR DURING THE MONTH OF JUNE.****	Received in the Registra	r Office by:	Date:			



PO BOX 7004, Ponce PR 00732 www.psm.edu



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