



David Geffen School of Medicine at UCLA  
**REQUEST CHANGE OF GRADUATION DATE**

I, \_\_\_\_\_, intend to graduate in \_\_\_\_\_ of \_\_\_\_\_  
Student's Name (June or December) (Year)  
and plan to march in the June \_\_\_\_\_ graduation ceremony (HOC).  
(Year)  
I will go through the Match with the class of \_\_\_\_\_.

I understand that I must notify the Student Affairs Office in writing prior to Match Day of my graduation year **if** I intend not to graduate with the class in which I matriculated. I understand that all changes of status are approved upon discretion of the Senior Associate Dean of Student Affairs.

**Class:** \_\_\_\_\_ **UID:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Current email:** \_\_\_\_\_

**Current mailing address (please also update on the web at [www.medstudent.ucla.edu](http://www.medstudent.ucla.edu) and [www.ursa.ucla.edu](http://www.ursa.ucla.edu)):**

\_\_\_\_\_  
\_\_\_\_\_

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**Reason for request (please describe fully):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax or mail this form to the Registrar at:**

**Fax:** (310) 794-9574

**Mailing Address:**

12-159 Center for the Health Science  
Box 951720, Los Angeles, CA 90095-1720

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**Office use only:**

**Approved:** \_\_\_\_\_  
Neil H. Parker, M.D.

**Date:** \_\_\_\_\_