

Student

Registrar' Office

University of California, Davis School of Medicine, Registrar's Office

4610 X Street, Suite 1208, Sacramento CA 95817-2200 / Phone: (916) 734-4990 / Fax: (916) 734-2178

Student Name:	ID:
	heir projected graduation date must consult with the Student Records office ore requesting formal approval form the Committee on Student Promotions
I. Section to be complete	d by requesting student:
Current projected graduation dat	e:
Requested graduation date:	
Reason why graduation deferral b	eing requested (briefly):
Student Signature and Date	
II. Consultation with the	Student Records office (Registrar)
Request Approved	☐ Not approved
years of matriculation, and on fina paperwork or course enrollment.	of student request on ability to complete graduation requirements within 4 ncial aid. I have also directed the student to the appropriate leave
III. Consultation with the	Office of Financial Aid
Request Approved	☐ Not approved
years of matriculation, and on fina paperwork or course enrollment.	of student request on ability to complete graduation requirements within 4 ncial aid. I have also directed the student to the appropriate leave
IV. Approval of the Comm	ittee on Student Promotions (CSP)
Request Approved	☐ Not approved
Chair Signature and Date	
Send copies of completed for	m to:

Curriculum Manager/Course Coordinator

CSP Staff