



University of Seychelles American Institute of Medicine

Graduation Request Form:

Student I.D

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Please complete the following information if graduation requirements are met to receive the degree certificate and if the student wishes to participate in the next graduation ceremony. **Please Print.**

Student Name:

As should appear on the degree certificate.

Please Print:	
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Date of Birth:

Example: January 19, 1981	
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Physical Address & Telephone

This will be the address where the degree & the final transcripts will be mailed.

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Requirements for Graduation:

- Core Rotation Documents Complete.**
- Elective Rotation Documents Complete.**
- Exit Exam I Taken and Passed.**
- Exit Exam II Taken and Passed.**
- 3 copies of Dissertation Submitted:**

Degree Attestation (optional):

There is an additional cost of \$ 150 for attestation of the degree by the Seychelles Government

Desired

Undesired

I prefer to:

Participate in Graduation ceremony

Receive certificate by mail

Student Signature: _____

Date: _____

Please Note:

1. By signing this form, the student is obligated to pay for the services listed above.
2. It takes 6-8 weeks to process the degree certificate after receiving the payment and all the documents are in the executive office.
3. Students will receive 2 final transcripts along with the degree certificate, any additional transcript will cost \$25/transcript. (There will be an additional courier cost if any request is made after the graduation package has already been mailed).

Please complete and Return the Graduation Request Form to:

Maria.Dhariwal@usaim.edu