

Office of Medical Student Affairs

DECELERATION REQUEST

Student Name: _____ ID#: _____

Deceleration Request Information:

Current Phase: _____

Original Graduation Date: _____

New Anticipated Graduation:

Circle One: May or December

Year: _____

Deceleration Request Narrative:

Deceleration requests are reviewed by OMSA and CSPE. Please briefly describe your plan during deceleration. (Attach additional pages if necessary.)

OMSA Review:	Date reviewed: _____	6-Year Date: _____
Comments: _____		

Approved:	Yes No	Reviewed by: _____
Sent to CSPE:	Yes No	
CSPE Review:	Date reviewed: _____	
Comments: _____		

Approved:	Yes No	Reviewed by: _____

Rev 7/6/2016