This is a petition to attend the Stanford Medicine Commencement diploma ceremony on Saturday, June 13, 2015. This is NOT an application to graduate nor is it a petition to withdraw an application to graduate. The deadline to submit an application to graduate is listed on the University Academic Calendar (http://studentaffairs.stanford.edu/registrar/academic-calendar) or on the Registrar's Graduation website (http://studentaffairs.stanford.edu/edu/registrar/students/graduation).

**INSTRUCTIONS:** Complete this form and submit to the Office of Medical Student Affairs, Sarina Tom, MSOB, 3rd Floor, x3C19 (Mail code: 5404), Email: stom@stanford.edu

**DEADLINE:** Friday, May 1, 2015 (Name to be included in the printed program)

Name: ____________________________ ____________________________ ID#: __________________
First Name Last Name

Degree(s): __________________ Program: ______________________________

Dissertation Title: ______________________________

Phone: ____________________________ SU Email: ____________________________

Signature: ______________________________ Date: __________________

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**WALKTHROUGH ELIGIBILITY**

- Master students should have completed at least 36 units or department/school approval.
- Ph.D students should have completed their oral defense or department/school approval or will be completed before the end of the calendar year.
- Expected Graduation Quarter: ☐ SUMMER 2014-15 ☐ AUTUMN 2015-2016 ☐ Other: __________________

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**COMMENCEMENT PARTICIPATION**

☐ I will Attend/Walk-thru: Stanford Medicine Commencement Ceremony (Sat, June 13th at 11am). For MD/PhD Grads: You will need to identify a faculty member to place your PhD/MD Hood on stage during the ceremony.

Name of Faculty placing your hood (required): ______________________________

☐ I would like to attend the Stanford University Ceremony main campus (Sun, June 14th at 9:30am)

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**DEPARTMENT APPROVAL**

☐ Approved

☐ Denied Name: ____________________________

Advisor/Student Services Officer Name (Please Print) ____________________________ Signature ________________

Office of Medical Student Affairs | Stanford Medicine | 1265 Welch Road, MSOB x3C19 | stom@stanford.edu

Updated: 4/7/15 10:44 AM