

Graduation Acceptance Form



AGUSM

This is your graduation agreement with American Global University School of Medicine. Please retain a copy for your records. Please complete this form in its entirety during your MD11 semester (last semester) of your clinical sciences. Incomplete forms will not be accepted. Return this form to the Office of the Registrar via fax (312) 873-3815 or scan to email address admissions@agusm.org.

Office of the Registrar
American Global University SOM
118 Graceland Blvd., Suite 311
Columbus, Ohio 43214
Phone: (866) 990-2248 / Fax: (312) 873-3815
Email: admissions@agusm.org

DIRECTIONS: PLEASE PRINT CLEARLY IN BLACK INK USING CAPITAL LETTERS.

Student Information:

Student ID: _____

Last Name: _____ First Name: _____

Address: _____
Street

City _____ State/Providence _____ Zip Code/Postal Code _____

Email: _____ Phone No.: _____

Diploma:

Clearly print your name as it should appear on your final diploma:

Clinical Rotations:

Please list the dates of completion for each Core/Elective rotation completed with AGUSM – If any of these rotations were completed under a different medical school, please list as transfer credit:

CORE ROTATIONS:

- Family Med (6wks) _____ TO _____ Location: _____
- Pediatric (6wks) _____ TO _____ Location: _____
- Psychiatry (6wks) _____ TO _____ Location: _____
- OBGYN (6wks) _____ TO _____ Location: _____
- Internal Med (12wks) _____ TO _____ Location: _____
- Gen Surg (12wks) _____ TO _____ Location: _____

Graduation Acceptance Form



AGUSM

ELECTIVE ROTATIONS:

- Cardiology (4wks) _____ TO _____ Location: _____
- Neurology (4wks) _____ TO _____ Location: _____
- Emerg Med (4wks) _____ TO _____ Location: _____
- Selected (4wks) _____ TO _____ Location: _____
 - Specialty: _____
- Selected (4wks) _____ TO _____ Location: _____
 - Specialty: _____
- Selected (4wks) _____ TO _____ Location: _____
 - Specialty: _____

USMLE Examinations:

USMLE Step One:

- Successful Attempt Date: _____ Score: _____

USMLE Step Two:

- Successful Attempt Date: _____ Score: _____

USMLE CK:

- Successful Attempt Date: _____ Score: _____

USMLE CS:

- Successful Attempt Date: _____ Score: _____

Memorandum of Understanding:

By signing this agreement, I certify that I have completed all of the graduation requirements set forth by American Global University School of Medicine. I further understand that I must be a student in good standing with the university (financially and academically) in order to qualify to receive graduation documentation. Once all graduation requirements have been satisfied, graduation documentation will be mailed to the address provided on this form.

Signature: _____ Date: _____