



DIPLOMA REQUEST FORM

First Name: _____ Last Name: _____ Middle Name: _____

*Should be the same as is with ECFMG (Name to be printed on Diploma)

Are you Financially Cleared with the school? Yes _____ No _____

*Student must be financially cleared by the Bursar's office prior to applying/requesting diploma.

Do you plan on participating in Graduation? Yes _____ No _____

*Please note graduation is held once a year in May/June.

Have you paid your Diploma Fee? Yes _____ No _____

*If no, please contact the Bursar

Have you passed both Step II CS and CK Yes _____ No _____

*You must Pass both Step II exams per requirement for ECFMG certification.

Have all of your clinical evaluations been received? Yes _____ No _____

Are you applying for Residency if so, where? Yes _____ No _____

Location Name: _____ Location State: _____

Please supply us with the address you would like your diploma mailed to.

Address: _____ City: _____ State: _____ Zip: _____

Updated Phone: _____ Email Address: _____

Signature: _____ Date: _____

**Please contact the Clinical Department with additional questions/comments

1. Diploma process takes on average 4-6 weeks from date of confirmation of receipt
2. This form is final, once it is received and documented, no changes will be made. Any subsequent changes will delay the process and additional fees may be assessed.

Healing the World, One Student At A Time, One Dream At A Time

CAMPUS

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