

Anticipated Degree Completion

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| Name: | Enter text. |
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| URID: | Enter text. |
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| Degree and Program: | Enter text. |
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| Anticipated Term of Completion: | Enter text. |
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Advisor

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Program Director

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SMD Registrar Signature Date

Submit this completed form to [Grad\_Registrar@urmc.rochester.edu](mailto:Grad_Registrar@urmc.rochester.edu) or Graduate Education and Postdoctoral Affairs, Box 316, Room G-9556.