

Anticipated Degree Completion

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| --- | --- |
|  Name: | Enter text. |
|  |  |
|  URID: | Enter text. |
|  |  |
| Degree and Program: | Enter text. |
|  |  |
| 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 or Graduate Education and Postdoctoral Affairs, Box 316, Room G-9556.