

MEDICAL SCHOOL STATUS UPDATE

If you are notified by your medical school that you have not met the requirements for graduation on the date certified on Form B of the Medical School Verification, you must inform the Board *within 24 hours* of the medical school's notification. Please use this form in order to update the Board with this change in your graduation status.

My signature below certifies that I, _____
(Student's Name)

will not receive a M.D. degree D.O. degree

from _____
(Name of Medical School)

on ___/___/____.

Signature: _____
(Original Signature is required)

Printed
Name: _____

Date: _____

Please fax this form to the attention of the Limited Renewals Coordinator, Board of Registration in Medicine - 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383 Website: www.massmedboard.org