Scheduled USMLE Test Date Notification

Name: ___________________________________ Student ID# __________________________
      (Last, First, MI) (Nine-digit)

Address: __________________________________________________________
          (Street) (Apt. #) (City) (State) (ZipCode)

Telephone No: ( )____________________ Email Address: __________________________

Please check the appropriate Step and enter exam date that you have scheduled with Prometric:

______ Step I  Date Scheduled ________________
[A special rotation can only be scheduled to begin up to 30 days after sitting for the exam.]

______ Step II - CK  Date Scheduled ________________

______ Step II - CS  Date Scheduled ________________

Attempt number for this step: __________________
[If more than once, you are ineligible for any special rotations]

Have you ever been Administratively Withdrawn from RUSM?  Yes _____  No ______
[If yes, you are ineligible for any special rotations]

By signing below, I agree to:

A) Receive approval from the VP of Academic Affairs before applying for an eligibility period extension.  USMLE Step 1 extensions will not be approved except for extraordinary situations, which must be documented. Extensions will not be approved for reasons such as not being prepared for the exam, for having a family event, travel, or most medical conditions, etc. Please prepare accordingly.

B) Apply during the eligibility period designated by the Office of the Registrar.

C) Submit this form to the Registrar’s Office within 8 weeks of the email notification indicating that Ross University has processed my USMLE application.

I understand that failure to comply with the above, may result in my Administrative Withdrawal from Ross University.

Signature ___________________________ Date __________________________

Please fax to 732-978-5306 Attn: Brijette Sena or email to Registrar@rossu.edu