**GRADUATION QUESTIONNAIRE**

**Name:**

**Semester;**

**Current Cell phone:**

**Current Email:**

**Last Date of attendance of 5th semester:**

**Last Date of attendance of final semester:**

**What courses have you taken for USMLE after 5th semester:**

**(e.g.: Kaplan, Faulkon, Pass program etc)**

**What courses have you taken for USMLE after final semester:**

**(e.g.: Kaplan, Faulkon, Pass program etc)**

**How long have you taken time off after completing the 5th semester to prepare for USMLE:**

**How long have you taken time off after completing the final semester to prepare for USMLE:**

**When was the first time you have applied for USMLE step-1:**

**When was the first time you have applied for USMLE step-2:**

**When was the last time you have applied for USMLE step-1:**

**When was the last time you have applied for USMLE step-2:**

**How many times you have taken USMLE step-1:**

**How many times you have taken USMLE step-2:**

**Mention the scores that you have obtained in USMLE step-1:**

**First time:\_\_\_\_\_\_\_\_ Second time:\_\_\_\_\_\_\_ Third time:\_\_\_\_\_\_\_**

**Any additional times\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mention the scores that you have obtained in USMLE step-2:**

**First time:\_\_\_\_\_\_\_\_ Second time:\_\_\_\_\_\_\_ Third time:\_\_\_\_\_\_\_**

**Any additional times\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I want my USMLE application form and graduation from Windsor University to be sent for processing. I will fax my USMLE step-1 and step-2 score report to 708-235-1942 immediately. I understand that failing to fax the score report both front and back pages would delay my Official USMLE form and graduation to be processed by the school.**

**I also understand that failing the USMLE step-1 and 2 next time would make it mandatory to take a intensive MARATHON USMLE STEP-1 and 2 REVIEW ( 15 DAYS COURSE ) FOR RETAKING THE EXAM.**

**I also understand that I will be required to have a faculty advise on USMLE preparatory exam and my academics.**

**Name:**

**Signature**

**Date:**