



# Request for Change of Graduation Date

NAME: \_\_\_\_\_ ID: \_\_\_\_\_

(Please print)

ADDRESS: \_\_\_\_\_ PHONE Home: \_\_\_\_\_

\_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: \_\_\_\_\_

DOB: \_\_\_\_\_

Graduation candidates who do **not** meet all requirements by the last day of the semester they applied for graduation will have to move their graduation date. Students **must** meet the deadlines listed below in order to qualify for this option.

**GRADUATION APPLICATION DEADLINES:**

FALL – March 1 (for December posting)

SPRING – August 1 (for May posting)

SUMMER – November 1 (for August posting)

**CHECK ONLY ONE (1) - Must match the previously submitted Application for Graduation**

Certificate

Associate

Major Field: \_\_\_\_\_ Minor Field: \_\_\_\_\_

My name should appear on my diploma as: \_\_\_\_\_

Are you currently enrolled?      Yes      No

Are you a first generation college graduate?      Yes      No

I hereby request consideration as a graduation candidate for Fall 20\_\_ / Spring 20\_\_ / Summer 20\_\_ for the degree according to the requirements of the previously submitted degree plan. I understand that my transcript will reflect when the degree requirements are **completed**. Furthermore, I understand that I must comply with any additional requirements detailed in the corresponding catalog. (Refer to the Degree Requirements section.)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE OF ADMISSIONS AND RECORDS USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_