



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 201 __/ Spring 201 __/ Summer 201 _ 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 SIGNATURE: _____ DATE: _____