

LATE GRADUATION APPLICATION THE REGISTRAR'S OFFICE

DATE STAMP & INITIAL HERE

Please email form to graduation@csudh.edu.

This form is only accepted if applying beyond the published LATE deadline for your term.

Directions:

- 1-Complete this form.
- 2-Complete the Petition for Exception form with the necessary documentation. Approval is not guaranteed.
- 3-Pay the appropriate processing fees to the Cashier's Office. The fee will be automatically charged to your student account.
- 4-Submit this complete packet to the Graduation dropbox.

Anticipated Date of Graduation (Please indicate one only):

Term: _____ Year: _____

STUDENT ID: _____

DATE OF BIRTH: _____

LEGAL NAME as it appears on your CSUDH records (Please also provide previous names, if any)

Last Name

First Name

Middle Name

DIPLOMA NAME as you wish it to appear on your diploma (Last name must be the same as on your CSUDH record, or you will need to file a Name/Address Change Request form with the Registrar's Office.)

Last Name

First Name

Middle Name

**MAILING ADDRESS FOR
DIPLOMA:**

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER: _____

EMAIL: _____

I understand that any changes made to the plan to complete requirements as approved by the advisor may result in a change of graduation date.

Student Signature

Date

DEGREE OBJECTIVE: BA BS MA MS MBA MPA MAT Certificate (List)

MAJOR: _____
Concentration /Option (If Applicable)

Advisor Name & Signature: _____ Date: _____
Major Program/Faculty Advisor Signature

2ndMAJOR: _____
Concentration /Option (If Applicable)

Advisor Name & Signature: _____ Date: _____
Major Program/Faculty Advisor Signature

MINOR: _____ Advisor Name & Signature: _____ Date: _____
Minor Program/Faculty Advisor Signature

GENERAL EDUCATION COMPLETED (University Advising Center Signature) _____