

DATE RECEIVED IN A&R  
  
Date Stamp and Initial



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

**LATE GRADUATION APPLICATION**

Office of Admissions and Records (WH 290)

Cashier's Stamp Document  
Processing fees received:

**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.
- 4-Submit this complete packet to Admissions and Records, WH-C290.

**Anticipated Date of Graduation (Please indicate one only):**

Fall (December) 20\_\_                      Spring (May) 20\_\_                      Summer (August) 20\_\_

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 Office of Admissions and Records.)

\_\_\_\_\_

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) \_\_\_\_\_