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FOR OFFICE USE ONLY

**REQUEST FOR CHANGE OF
GRADUATION DATE**

DATE STAMP & INITIAL HERE

THE REGISTRAR'S OFFICE

Please email form to graduation@csudh.edu.

TO BE COMPLETED BY STUDENT: (Please Print) STUDENT ID NUMBER: _____

LAST NAME: _____ FIRST NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

FORMER GRADUATION DATE: Term (FALL, SPRING, or SUMMER) _____ YEAR: _____

NEW GRADUATION DATE: Term (FALL, SPRING, or SUMMER) _____ YEAR: _____

Student's Signature

Date

I approve the above named student's request to change their graduation term to the term indicated above.

Major Advisor's Name (Please Print)

Major Advisor's Signature

Date

Minor Advisor's Name (Please Print)

Minor Advisor's Signature

Date