REQUEST FOR CHANGE OF GRADUATION DATE
Office of Admissions and Records (WH 290)

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

LAST NAME: ___________________  FIRST NAME: ___________________  PHONE: ____________________

ADDRESS: _______________________  CITY: _____________  STATE: _____  ZIP CODE: _________

FORMER GRADUATION DATE (Please insert year):  Fall 20 _____  Spring 20 _____  Summer 20 _____

NEW GRADUATION DATE (Please insert year):  Fall 20 _____  Spring 20 _____  Summer 20 _____

_______________________________________________________________  _____________________
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