

DATE RECEIVED IN A&R  
  
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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
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**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
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**MAILING ADDRESS FOR DIPLOMA:**

ADDRESS	CITY	STATE	ZIP CODE
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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
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**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) \_\_\_\_\_