

DATE RECEIVED IN A&R



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

**REQUEST FOR CHANGE OF
GRADUATION DATE**

Office of Admissions and Records (WH 290)

Cashier's Stamp Document
Processing fees received:

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