

College of Liberal Arts & Sciences

Graduation Application Change Request

First Name

Middle Name

Last Name

University I.D.

I applied for graduation for: ☐ May ☐ August ☐ December of _____ (indicate year)

Change my graduation date to: ☐ May ☐ August ☐ December of _____ (indicate year)

Change my name on my diploma to: _____

First Name

Middle Name

Last Name

☐ Add ☐ Delete the following minor: _____

☐ Add ☐ Delete the following minor: _____

☐ Add ☐ Delete the following certificate: _____

(If adding a minor or certificate, you must submit a signed, dated advising record from the corresponding department.)

I received approval for the following course substitution: _____

(You must provide documentation of the approval)

Change my address to:

Street Address or PO Box

City

State

Zip Code

Other: _____

Indicate revised plan for completing remaining degree requirements in your final spring, fall, and/or summer semester(s).

Semester: _____		Semester: _____		Other (transfer, exam, etc.)	
Course	Credits	Course	Credits	Course	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature

Date