

## GRADUATION UPDATE FORM

*Only fully completed forms will be processed*

I wish to update my graduation date to the below stated term and understand that I must be enrolled during the term for which I anticipate graduation. This update form does not guarantee that I will complete degree requirements during the specified term. All coursework must be completed in compliance with university and departmental regulations, and my cumulative grade point average must be a 3.0 or better in order to complete degree requirements.

_____	_____
Print your full name as it should appear on the degree (limit to 3 names). Do not use initials	Social Security Number
_____	(      )
Current address (street, city, state and zip code)	_____
	Telephone number
_____	_____
Major field (and concentration, if any)	Hometown (city, state, country)
M.B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> M.T. <input type="checkbox"/> D.P.T. <input type="checkbox"/> Ph.D. <input type="checkbox"/>	
_____	
Degree	
<b>Please update my graduation date from Aug <input type="checkbox"/> Dec <input type="checkbox"/> May <input type="checkbox"/> _____ to Aug <input type="checkbox"/> Dec <input type="checkbox"/> May <input type="checkbox"/> _____</b>	
_____	_____
Previous anticipated graduation month and year	Expected month and year of graduation
_____	
Previous degrees (name of institution, degree received, year received)	

**DEGREE PLAN: Plan A (Thesis)\_\_\_\_\_ Plan B (Comprehensive Examination)\_\_\_\_\_ Not applicable\_\_\_\_\_**

\_\_\_\_\_

Student Signature Date

Comments:

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