



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 graduating. This update form does not guarantee that I will complete degree requirements during the specified term. All coursework must be in compliance with university 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)

Student ID

E-mail address

Current address (street, city, state, and zip code)

()

Telephone number

Major field (and concentration, if any)

Hometown (city, state, country)

M.B.A. M.A. M.S. M.T. Ed.S. D.P.T. Ph.D.

Degree

Please update my graduation date from Aug Dec May _____ TO Aug Dec May _____

Previous anticipated graduation month and year

Expected graduation month and year of graduation

DEGREE PLAN: Plan A (Thesis) _____ Plan B (Comprehensive Examination) _____ Not Applicable _____

Previous degrees (complete name of institution, degree received, year received)

Student Signature

Date

Comments: _____

Office Use Only

Approved [] Denied []

Graduate College Counselor

Date