



# 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 \_\_\_\_\_ Program Coordinator's or Dept. Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Office Use Only

\_\_\_\_\_  
Graduate College Counselor Approved [ ] Denied [ ] \_\_\_\_\_  
Date