



GRADUATION APPLICATION CHANGE REQUEST

INSTRUCTIONS: Use this form if you have previously submitted a graduation application and need to change the semester that you plan to graduate.

STUDENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

STUDENT ID: _____

PHONE: (____) _____

This phone number will ONLY be used to contact you with inquiries related to this request.

CURRENT GRADUATION APPLICATION DETAILS (check one):

_____ Bachelor's Degree _____ DVM Degree
_____ Master's Degree _____ Undergraduate Certificate
_____ Doctoral Degree _____ Graduate Certificate

MAJOR: _____

ADDITIONAL GRADUATION APPLICATION DETAILS (if more than one application exists)

_____ Bachelor's Degree _____ DVM Degree
_____ Master's Degree _____ Undergraduate Certificate
_____ Doctoral Degree _____ Graduate Certificate

MAJOR: _____

Requested Graduation Term: _____ Spring Year _____
_____ Summer
_____ Fall

DIPLOMA MAILING ADDRESS

If changes have occurred to your diploma mailing address, please complete the following:

Street Address: _____

City, State, Zip, Nation: _____

PREFERRED DIPLOMA NAME

Use this section to update how your name will appear on your diploma (e.g., preferred first/middle name, special capitalization, punctuation, replace your middle name with your maiden name). Diploma names must reflect the legal last name and should never be used for misrepresentation. Please submit a [Correction or Change of Name form](#) with supporting documentation to update your legal name in the university system.

First Name: _____ Middle Name (optional): _____ Suffix (optional): Jr. Sr. II III IV
(circle one, if applicable)

Signature _____ Date _____

OFFICE USE ONLY

Registrar Initials: _____ Date: _____ Cancellation Processed: _____

Revised:
10/18/2023