



GRADUATE SCHOOL
REQUEST TO CHANGE GRADUATION APPLICATION TERM

Student Name:

_____/_____/_____
Last First Middle

Dawgtag _____

Major _____

Degree _____

Select one of the following options:

1. I wish to have my name removed from the graduation list for _____.
(Semester, year)

2. Move my graduation from _____ to _____.
(Semester, year) (Semester, year)

I understand that once I have altered my application for graduation it is final. The request may not be submitted after the semester I wish to extend has past. I further understand that this will not negate any existing application fees, nor will it extend my original graduation application beyond the term specified.

NOTE: Moving the application beyond the next consecutive semester will require that a new application be submitted for future semester. The new application will result in the assessment of another Graduation Application fee.

Student signature

Date