

Graduation Application Change Form

*****Changes in course work in your MAJOR or MINOR require the appropriate signature(s)

NAME: _____ Student Number _____

Address: _____

City & State: _____ Phone # _____

E-MAIL _____ Graduation Date _____

Please complete all applicable sections.

1. Change my date of graduation from _____ to _____
Semester/Year Semester/Year

2. I am changing the following:
 general education course work
 course work in major (department signature required)
 course work in minor (department signature required)

3. I am adding or deleting an option in my major (department signature required)
 Option being deleted _____ Option being added _____

Courses Being Deleted

DEPT.	COURSE #	COURSE TITLE	SEMESTER/YEAR	CREDITS

Courses Being Added

DEPT.	COURSE #	COURSE TITLE	SEMESTER/YEAR	CREDITS

Other Changes: _____

DEPARTMENT CHAIRS: If approved, sign below and return to student or send to the Graduation Office, Lommasson Center 201. If DENIED, please write "Denied" across the form and mail it to the Graduation Office.

SIGNATURE of Department Chair, MAJOR DEPT. _____

SIGNATURE of Department Chair, MINOR DEPT. _____

Signature of student: _____ **Date:** _____