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

<table>
<thead>
<tr>
<th>DEPT.</th>
<th>COURSE #</th>
<th>COURSE TITLE</th>
<th>SEMESTER/YEAR</th>
<th>CREDITS</th>
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Courses Being Added

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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.

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Signature of student:___________________________________________________________Date: