



CHANGE OF GRADUATION DATE

Please submit this completed form to the Graduation Office, Room 231, Sparks Hall

Name _____ Student I.D. Number _____
Last First Middle

Academic College _____ Degree _____ Major _____

Address _____

Check if new address. Street (include apartment number) City State ZIP-code

Phone _____ E-mail: _____
Home Business

Complete only the sections below where information needs to be changed:

I. Change of graduation date as follows:

From:	Year:	To:	Year:
<input type="checkbox"/> December/Fall	_____	<input type="checkbox"/> December/Fall	_____
<input type="checkbox"/> May/Spring	_____	<input type="checkbox"/> May/Spring	_____
<input type="checkbox"/> August/Summer	_____	<input type="checkbox"/> August/Summer	_____
<input type="checkbox"/> Indefinite Status		<input type="checkbox"/> Indefinite Status	

II. Change of Commencement Ceremony Information (complete one box only):

Diplomas are not awarded at the ceremony. Upon receipt of final grades for your scheduled semester of graduation and upon satisfactory completion of all degree requirements, your diploma will be mailed to you.

Change from WILL attend to WILL NOT attend.

Change from WILL NOT attend to WILL attend.

I require special assistance at the commencement ceremony.

Assistance Needed: _____

III. Change of Degree Information:

From:	To:
Degree _____	Degree _____
Major _____	Major _____
Concentration _____	Concentration _____
Minor _____	Minor _____

IV. Change of Name Requested on Diploma:

Change my name from _____
to (as it will appear on diploma): _____

If new diploma name is different than your name of record at Georgia State, contact your graduation auditor at (404) 651-3387.

NOTE: (a) If you have indicated that you will not attend the commencement ceremony, no provision will be made for your seating. (b) Georgia State University cannot assume responsibility for delivery of diplomas if the address on record has not been updated. (c) Allow 8 weeks for delivery of diploma.

Signature _____ Date _____

Graduation Office Use Only: Date received _____ Date entered _____ Auditor's initials _____