**The Graduate School**

***Change of Graduation Date***

Name:

***Last Name First Name Middle Name***

Address:

***Street or P.O. Box City State Zip***

Home Telephone: Cell Phone:

**Banner ID**: **Program**:

I am requesting to change my graduation date to (*Circle One*):

Winter Spring Summer\*

***Year***

\*A student completing degree requirements in the summer will be conferred during the Winter Commencement.

***Signature of Student (Required) Date***

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Return the completed form to:

***The Graduate School***

***Lindsay Hall***

***Post Office Box 1510 Pembroke, NC 28372***

***Telephone: 910.521.6271***

***Fax: 910.521.6751***

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***For Graduate School Office Use Only:***

Date Processed in Banner: Initials:

**Revised: March 2019**