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**Change Graduation Date**

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

Banner ID: Click or tap here to enter text. Program: Click or tap here to enter text.

Street or P.O. Box: Click or tap here to enter text. City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Home Telephone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| I am requesting to change my graduation date to: | | | |
| Winter ☐ | Spring ☐ | Summer\* ☐ | Year Click or tap here to enter text. |

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

***Use student BraveMail for digital signature*.** **Date**: Click or tap here to enter text.

Email completed form to <gary.locklear@uncp.edu>.

**Office Use Only:**

Processed by: Date:

*Revised 20200320 gl*