****

**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](gary.locklear%40uncp.edu).

**Office Use Only:**

Processed by: Date: