

U Central

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
1201 West University Drive • Edinburg, Texas 78539
1 West University Boulevard • Brownsville, Texas 78520
Phone: (888) 882-4026 • Fax: (956) 665-2687 • Email: REGISTRAR@UTRGV.EDU



Request for Change of Graduation Date

Student Name: _____
(Please print current name on file)

ID #:

Address: _____

Phone: (____) _____

(Street)

Cell: (____) _____

(City, State, Zip)

E-mail: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS:

DOB: ____ - ____ - ____
information listed above.

NOTE: UTRGV Official records will not be updated with the contact

Degree:

Major Field: _____

Minor Field:

Are you currently enrolled? Yes No

I hereby request my application for graduation for the degree/certificate indicated above be moved to the (please check one):

Year: _____ **Fall / December** **Spring / May** **Summer I / July**
Summer II / August

Furthermore, I understand that I must comply with any additional requirements detailed in the corresponding catalog.

STUDENT SIGNATURE: _____ **DATE:** _____

IMPORTANT INFORMATION ABOUT YOUR FINANCIAL AID

If you are currently receiving Financial Aid, you may have to submit a request to receive additional funds to receive Financial Aid for the next enrollment term. Check with U Central for more information.

REGISTRAR USE ONLY:

Certification Officer: *(place in student's file when completed):*

Posted By:

(Staff signature)

Comments:

(Explain any exceptions)

Date Posted:
