

Transfer Graduation Date Form

Graduate Students

Name: _____ UTRGV ID: _____

Master's/Doctoral Program: _____

Certificate Program(s): _____

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

Traditional Programs

Year: _____

____ May (Spring)

____ July (Summer I)

____ August (Summer II)

____ December (Fall)

Accelerated Online Programs

Year: _____

____ February (Spring Module 1)

____ April (Spring Module 2)

____ June (Summer Module 1)

____ August (Summer Module 2)

____ October (Fall Module 1)

____ December (Fall Module 2)

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

For additional information about **Commencement Ceremonies**, please visit utrgv.edu/commencement

IMPORTANT INFORMATION ABOUT YOUR FINANCIAL AID

If you are receiving financial aid, your awards may be impacted by the change on your graduation date.
Check with U Central for more information on how this may affect you.

Student Signature: _____

Date: _____

Submit this form electronically via email to gradcertification@utrgv.edu using your UTRGV email