

Request for Change of Graduation Date

This form is for Undergraduate students only. Students pursuing a Master or Doctoral degree must contact the Graduate College.

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

Other names which may appear on academic records: _____
(Maiden name, married last name)

DOB: _____ Phone: (____) _____
mm dd yyyy

NOTE: UTRGV Official records will not be updated with the contact information listed above.

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.

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: _____

OFFICE USE ONLY:

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

Posted By: _____ Comments: _____
(Staff signature) (Explain any exceptions)

Date Posted: _____

To submit this form in person, visit U Central and bring a valid picture ID.
To submit this form electronically, email it to certification@utrgv.edu using your UTRGV email