School of Graduate Studies
Change of Graduation Date

Name:_____
Last Name *First Name* *Middle Name*

Address:_____
Street or P.O. Box *City* *State* *Zip*

Home Telephone:_____ **Cell Phone:**_____

Banner ID:_____ **Program**:_____

I am requesting to change my graduation date to (*Circle One*):

Winter **Spring** **Summer*** _____
Year

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

_____ _____
Signature of Student (Required) ***Date***

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Return the completed form to:

School of Graduate Studies
Lindsay Hall
Post Office Box 1510
Pembroke, NC 28372
Telephone: 910.521.6271
Fax: 910.521.6751

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For Graduate School Office Use Only:

Date Processed in Banner:_____ **Initials:**_____

Revised: November 2011