



CHANGE OF GRADUATION DATE / DIPLOMA ADDRESS FOR EAST CAMPUS STUDENTS

This form is for Health Sciences students who have **ALREADY APPLIED** for Graduation, and wish to change the Graduation Date or Diploma Mailing Address.

Name: _____
(First) (Last)

SBID#: _____ Daytime Phone: _____

Academic Program: _____

I would like to change my **Graduation date** (completion of program) to:

	<u>Month</u>	<u>Term</u>	<u>Year</u>
<input type="checkbox"/>	December	Fall	20____
<input type="checkbox"/>	January	Winter	20____
<input type="checkbox"/>	May/June	Spring	20____
<input type="checkbox"/>	June (Dental Post-Doc & Certificate Programs ending in June) July / August	Summer	20____

I would like to update my **Diploma Address** to:

Street: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____
(student)

Signature: _____ Date: _____
(school representative)

Office of Student Services use only