



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) (Middle) (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 Cert. only) 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