## Registrar's Office



## Graduation Application Term Change Request

Students who complete and submit this form for processing must have an <u>active</u> graduation application and degree plan on file in the Registrar's Office. At the time of this request, the student is aware that degree requirements will not be met as noted on the <u>active</u> graduation application and degree plan.

Name: SUSLA ID#: U01_		01	
Address:  Street Address		C/T	7'
	City	ST	Zip
SUSLA (Email):	@sus.edu Phone: (_	)	
The reason for this request is to:  Complete courses to apply towa	ards my degree requirements. (attach class	ss schedule)	
Complete courses to apply towa	ards my overall grade point average (GPA	A). (attach c	lass schedule)
Complete the academic work red	quired to remove an Incomplete ("I") gra	ade.	
Other:			
DEGREE YOU ARE SEEKING: (CHE	ECK ONE) AAS AGS AS	CTS C	CAS TD
Major			
Concentration	Second Concentration (is applicable)		
Please transfer my graduation ap	emester Fall Spring Sumn	ner	
TO: Year Se	emester  Fall  Spring  Sumn	ner	
<ul> <li>application beyond the term spector</li> <li>✓ This request must be submitted remain on file for one year.</li> <li>✓ This request may not be submitted to require the required.</li> <li>✓ This request to alter my applicated.</li> </ul>	with a new graduation application. My geted after the semester I wish to extend hatted if I change my major or concentration tion for graduation is final.	graduation a	pplication fee will
Student's Signature/Date:		-	
Advisor's Signature/Date:		Registr	ar's Office Use Only
		Date Pro	ocessed:
3050 Martin Luther King, Jr. Drive Shreveport, Louisiana 71107	Phone: (318) 670-9229 FAX: (318) 670-6344	Processo	ed by:

registraroffice@susla.edu

www.susla.edu