



Registrar's Office  
Graduation Application Term Change Request

Students who complete and submit this form for processing must have an **active** 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 **active** graduation application and degree plan.

Name: \_\_\_\_\_ SUSLA ID#: U01\_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City ST Zip

SUSLA (Email): \_\_\_\_\_ @sus.edu Phone: ( ) \_\_\_\_\_

The reason for this request is to:

\_\_\_\_\_ Complete courses to apply towards my degree requirements. (attach class schedule)

\_\_\_\_\_ Complete courses to apply towards my overall grade point average (GPA). (attach class schedule)

\_\_\_\_\_ Complete the academic work required to remove an Incomplete ("I") grade.

\_\_\_\_\_ Other: \_\_\_\_\_

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DEGREE YOU ARE SEEKING: (CHECK ONE)</b> AAS ___ AGS ___ AS ___ CTS ___ CAS ___ TD ___ |  |  |  |  |  |
| Major _____  | Second Major (if applicable) _____         |  |  |  |  |
| Concentration _____  | Second Concentration (is applicable) _____ |  |  |  |  |

I have applied for graduation, but have decided to change my application to a different term.

Please transfer my graduation application status as follows:

FROM: Year \_\_\_\_\_ Semester  Fall  Spring  Summer

TO: Year \_\_\_\_\_ Semester  Fall  Spring  Summer

I understand that:

- ✓ This request will not negate any existing application fees, nor will it extend my original graduation application beyond the term specified.
- ✓ This request must be submitted with a new graduation application. My graduation application fee will remain on file for one year.
- ✓ This request may not be submitted after the semester I wish to extend has past.
- ✓ This request may not be submitted if I change my major or concentration. A new graduation application is required.
- ✓ This request to alter my application for graduation is final.

Student's Signature/Date: \_\_\_\_\_

Advisor's Signature/Date: \_\_\_\_\_

| Registrar's Office Use Only |  |
|-----------------------------|--|
| Date Processed:             |  |
| Processed by:               |  |