



CHANGE OF GRADUATION DATE / DIPLOMA ADDRESS/ MIDDLE NAME FOR EAST CAMPUS STUDENTS

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

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 & certificates ending in June)
July / August | Summer | 20_____ |

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

Street: _____

City: _____ State: _____ Zip: _____

I would like to update my **Diploma Middle Name** to:

Middle Name: _____

Note: Maximum of 25 letters & spaces between first name & middle name

Signature: _____ Date: _____
(Student)

Signature: _____ Date: _____
(School Representative)

HS OSS use only