Change of Graduation Date Degree Plan 2016-2017

Student’s ID Number: __________________________ Email: __________________________

Student’s Name: ___________________________ Cell Phone #: __________________________

You were scheduled to graduate Fall 2016 semester. However, you have indicated that you need additional classes Spring 2017 semester in order to graduate. Please have your advisor list the classes needed to meet your degree requirement.

List the course, name, number, and credit hours.

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________
6. __________________________________________
7. __________________________________________
8. __________________________________________
9. __________________________________________
10. __________________________________________

Expected Graduation Date  _________________

Student Signature __________________________ Date __________________________

Advisor Signature __________________________ Date __________________________

Advisor’s Name (please print): __________________________________________

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