

DECLARATION OF ANTICIPATED GRADUATION DATE



REGISTRAR'S OFFICE

NOTE: Completing this form does not guarantee that you will graduate on the date that you declare. You must work with your advisor to make sure that you are on track to complete all academic requirements for graduation.

Last Name

First Name

Student ID Number

Major/Minor

Classification (Sr., Jr., So., Fr.)

I plan to graduate: (please check one) ☐ Fall, ☐ Spring, or ☐ Summer of _____
Year

Student's Signature

Date

Advisor's Signature

Date

RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

Date Entered

By (initials)

Notes