

FOR DEAN'S OFFICE USE ONLY	Received _____/_____/_____	Processed _____/_____/_____
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COLLEGE OF ARTS AND SCIENCES

REQUEST FOR CHANGE OF GRADUATION DATE AND/OR ADDRESS

Note: This form may only be used if you have previously submitted a complete graduation packet to the College of Arts and Sciences and if you are an undergraduate student. Graduate students, please contact your department. Please return this change of graduation form early in the semester in which you anticipate finishing your final degree requirements. Final deadlines for submitting a change of graduation date form are listed at the following URL: <http://www.colorado.edu/ArtsSciences/aacforstudents/forms.html>. Contact your primary major advisor for specific graduation deadlines.

1. STUDENT INFORMATION:

Name: _____

Student Number: _____

Major(s): _____

Primary Advisor: _____

2. PLEASE CHANGE MY GRADUATION DATE:

From: _____ To: _____

3. _____ CHANGE OF ADDRESS ONLY

Please check if you are requesting only a change of address and not a graduation date change.

4. CHANGE OF ADDRESS:

Note: This form only changes your addresses within the College of Arts and Sciences Records.

Local _____

Permanent _____

Both _____

5. STUDENT SIGNATURE: _____ **DATE:** _____

Return this completed form to:

Graduation Change Desk, College of Arts & Sciences, 290 UCB, Boulder, CO 80309.
 Fax: 303-735-5519. Please keep a copy of your completed form for your records.
 Revised 4/08. PL/cf