

REQUEST TO CHANGE GRADUATION DATE

NAME (Last, First, MI) _____ **STUDENT ID** _____

Check one: Undergraduate Post Baccalaureate Graduate **Last Term Attended** _____

Current Graduation Term _____ **Requested Graduation Term** _____

Reason for Request

- Be sure to check your Academic Requirements Report for a Timely Graduation Alert, which would be posted near the top of the report. If there is an alert, you may be required to submit a Timely Graduation appeal. See the Timely Graduation Appeal Guidelines on the next page. For additional information on CSULB's Timely Graduation Policy, see <http://www.csulb.edu/depts/enrollment/graduation/bachelor.html>
- Confirm that your 'preferred' email address and telephone number are up to date on MyCSULB.

I am requesting to change my graduation date to the term specified above. I commit that I have an appropriate graduation plan that will enable me to graduate by the term requested and in compliance with CSULB's Timely Graduation policy.

STUDENT SIGNATURE _____ **DATE** _____

Enrollment Services

Processed by: _____ Date: _____

Timely Graduation Status Senior Senior Plus Super Senior

Late Processing Fee? YES NO

No Fee Required

Stamp/Date Received _____

Student on Educational Leave, proper corresponding paperwork? YES NO

TIMELY GRADUATION APPEAL GUIDELINES

In compliance with [CSULB's Timely Graduation for Undergraduate Students Policy](#), students who have earned 100% or more of the units required for their undergraduate degree and now must delay graduation due to extenuating circumstances must submit an appeal as well as the appropriate *Request to Graduate* or *Request to Change Graduation Date* form.

NAME (Last, First, MI) _____ **STUDENT ID** _____

Procedures:

1. Meet with your academic advisor to review CSULB's Timely Graduation Policy and develop a graduation plan.
2. Attach a personal statement explaining why additional time is needed to fulfill your graduation requirements.
3. Attach a detailed graduation plan demonstrating how each outstanding requirement will be satisfied, e.g. transfer course work, course substitutions, or continued CSULB enrollment.
4. Attach all supporting documentation demonstrating extenuating circumstances beyond your control, e.g. an unforeseen medical condition, or a significant change in your status, e.g. taking an Educational Leave.
5. Obtain your academic advisor's signature below supporting your appeal.
6. Submit all materials including the Request to Graduate or Request to Change Graduation Date form to Enrollment Services.

I have reviewed and understand CSULB's Timely Graduation Policy and am committed to completing all degree requirements by the requested graduation term.

STUDENT SIGNATURE _____ **DATE** _____

I have reviewed the student's Timely Graduation Appeal and I support this request.

I have attached additional information YES NO

ADVISOR SIGNATURE _____ **DATE** _____

Print Name _____

Enrollment Services

Appeal Committee Decision Date: Approved Denied

Comments: