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FOR OFFICE USE ONLY

**REQUEST FOR CHANGE OF  
GRADUATION DATE**

DATE STAMP & INITIAL HERE

*THE REGISTRAR'S OFFICE*

*Please email form to graduation@csudh.edu.*

**TO BE COMPLETED BY STUDENT:** (Please Print)      STUDENT ID NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**FORMER GRADUATION DATE:** Term (FALL, SPRING, or SUMMER) \_\_\_\_\_ YEAR: \_\_\_\_\_

**NEW GRADUATION DATE:** Term (FALL, SPRING, or SUMMER) \_\_\_\_\_ YEAR: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I approve the above named student's request to change their graduation term to the term indicated above.

\_\_\_\_\_  
Major Advisor's Name (Please Print)

\_\_\_\_\_  
Major Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Advisor's Name (Please Print)

\_\_\_\_\_  
Minor Advisor's Signature

\_\_\_\_\_  
Date