

## **GRADUATION UPDATE FORM**

Only fully completed forms will be processed

I wish to update my graduation date to the below stated term and understand that I must be enrolled during the term for which I anticipate graduating. This update form does not guarantee that I will complete degree requirements during the specified term. All coursework must be in compliance with university departmental regulations and my cumulative grade point average must be a 3.0 or better in order to complete degree requirements.

Print your full	name as it should a	appear on the degree (limit to 3 r	ames & do not use initials)	Student ID E	-mail address
Current address (street, city, state, and zip code)				() Telephone number	
Major field (an	nd concentration, if	any)		Hometown (city, state, c	country)
<b>M.B.A.</b> □	<b>M.A.</b> □	M.S. $\square$ M.T. $\square$	Ed.S. □ D.P.T. □	<b>Ph.D.</b> □	
Degree					
Please upda	ate my gradua	tion date from Aug 🗆	<b>Dec</b> □ <b>May</b> □	TO Aug D	ec 🗆 May 🗆
		Previous anticipated grad	luation month and year Expe	cted graduation month and yea	r of graduation
DEGREE I	PLAN: Plan A	(Thesis)Plan B (Co	mprehensive Examinatio	n) Not Applica	ıble
Previous degre	es (complete name	e of institution, degree received, y	ear received)		
					e Date
Student Signature		Date	Program Coordinat	Program Coordinator's or Dept. Chair's Signature	
Comments:					
			Office Use Only		
		Approved	[ ] Denied [ ]		
Hampton University Online Director's Signature				Date	