



Office of the Registrar
Hampton, Virginia 23668

GRADUATION UPDATE APPLICATION

(PLEASE PRINT)

RECORD INFORMATION BELOW

STUDENT NAME (AS IT WILL APPEAR ON THE DIPLOMA NO MIDDLE INITIALS) First, Middle, Last	
STUDENT ID #	
ADDRESS (PERMANENT)	
CITY, STATE, ZIP CODE	
TELEPHONE #	

RECORD INFORMATION BELOW

MAJOR	
DEGREE (BA or BS)	
SCHOOL (Nursing, Pharmacy, Science, etc.)	
CATALOG YEAR	

I wish to update my graduation application to the following semester and understand that I must be enrolled the semester I anticipate graduation. This update form does not guarantee I will complete degree requirements during the specified term. All coursework must be completed in compliance with all University and departmental regulations and my minimum cumulative GPA must be a 2.000 or better in order to complete degree requirements. I understand that I **must submit another graduation update application** if degree requirements are **not met, or if I am allowed to participate in the graduation ceremony as a provisional candidate** for the term checked below.

PLEASE CHECK ONE

August _____	
December _____	
May _____	

Student's Signature _____	Date _____
Department Chairperson's Signature _____	Date _____
School Dean's Signature _____	Date _____