HAMPTON
UNIVERSITY
GRADUATE COLLEGE

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 appear on the degree (**limit to 3 names & do not use initials**)   Student ID   E-mail address

_____   (____)_____
Current address (street, city, state, and zip code)   Telephone number

_____   _____
Major field (and concentration, if any)   Hometown (city, state, country)

M.B.A. ☐   **M.A.** ☐   **M.S.** ☐   **M.T.** ☐   **Ed.S.** ☐   **D.P.T.** ☐   **Ph.D.** ☐
_____
Degree

Please update my graduation date from Aug ☐   **Dec** ☐   **May** ☐   _____   **TO   Aug** ☐ **Dec** ☐ **May** ☐   _____

Previous anticipated graduation month and year   Expected graduation month and year of graduation

DEGREE PLAN: Plan A (Thesis) ____Plan B (Comprehensive Examination) _____ Not Applicable _____

_____
Previous degrees (complete name of institution, degree received, year received)

_____   _____   _____   _____

Student Signature   Date   Program Coordinator's or Dept. Chair's Signature   Date

_____

Comments:_____

_____

Office Use Only

_____   Approved [ ]   Denied [ ]   _____

Graduate College Counselor   Date

Revised 6/2021