

FSU Office of the Registrar



“Change of Graduation Date Request Form”

All fields must be completed

NOTE: This form CANNOT be used for first time graduation applicants

Student’s Name (Printed): _____ Banner ID: _____

Phone Number: _____ Student Email: _____

Major(s): _____ Level (Undergraduate/Graduate): _____

Have you previously submitted an application for graduation? If so, for what semester? _____

By signing below you acknowledge the following:

- You have discussed this change request to change your graduation date with your advisor and/or department chair to ensure that you are in need of additional coursework to meet the requirements for graduation.
- **Graduation Application fees are non-refundable and are only valid for two semesters.**

NOTE: Students who fail to meet all graduation requirements automatically void their candidacy for that particular graduation term. If the student does not complete the necessary degree requirements within two semesters of his/her initial expected term of graduation, then the student must re-apply and pay an additional application fee.

You were scheduled to graduate (semester/year): _____/_____

Your new expected graduation date is (semester/year): _____/_____

Student’s Signature: _____

Date: _____

Return the completed form to:

Office of the Registrar
Attn: FSU – Commencement Team
3rd Floor, Lilly Building
Fayetteville, NC 28301
Phone: 910.672.1185
Fax: 910.672.1599 Or Email: RegComm@uncfsu.edu