

OFFICE OF RECORDS AND REGISTRATION
 ST. CLOUD STATE UNIVERSITY, AS 118
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 ST. CLOUD MINNESOTA 56301-4498
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GRADUATION TERM CHANGE

Student's Name (Please Print) _____ Phone (____) _____

SCSU Student I.D. _____ Email Address _____

CHANGE TERM OF GRADUATION					
From:	Fall _____	Spring _____	Summer I _____	Summer II _____	Year _____
To:	Fall _____	Spring _____	Summer I _____	Summer II _____	Year _____
CHANGE TERM OF COMMENCEMENT CEREMONY					
<p>Commencement Ceremonies occur at the end of Fall Semester and at the end of Spring Semester. Please indicate the ceremony term and year in which you choose to participate. Summer graduates can choose either.</p>					
Fall _____ Spring _____ Year _____ Neither _____					

Signature _____ **Date** _____

Office Use Only

Changed Online:	Date:
Changed in ISRS:	Date: