

This form is to be used only by College of Science students.

Instructions:

1. Check with your [College Success Center](#) advisor to verify requirements and confirm eligibility for a graduation date change.
2. Fill out this form and be sure to complete the "Term" and "Reasons" based on your conversation with your advisor.
3. Complete and upload this form to [DocuSign](#) and obtain required signatures.
4. Email the signed petition directly to your [graduation evaluator](#).

Note: For additional questions about your graduation status, contact your [graduation evaluator](#).

SJSU ID _____ Last name _____ First _____ Middle _____

Major _____ College _____

Phone# _____ E-mail Address _____

Please change my anticipated term of graduation:

From: Term _____ Year _____ To: Term _____ Year _____
Spring, Summer or Fall 4 digits Spring, Summer or Fall 4 digits

Reasons: _____

Diploma Name/ Address

If you wish to use a name other than your Primary (legal) Name on your diploma, please add your [Diploma Name](#) on MySJSU.

Your diploma will be sent to the mailing address on your MySJSU unless you **have a [diploma address](#)**. The University will not be held responsible for delivery errors if your mailing or diploma address is not accurate.

If you have any questions, please contact your [graduation evaluator](#).

Student's signature Date (mm/dd/yyyy)

Authorized/Advisor signature College _____ Date (mm/dd/yyyy)

I confirm that this request is necessary for the student to complete pending degree requirements.

Department Chair signature Date (mm/dd/yyyy)

Associate Dean signature Date (mm/dd/yyyy)