



Change of Graduation Date Degree Plan 2023-2024

Student's ID Number: _____ Email: _____

Student's Name: _____ Cell Phone #: _____

You were scheduled to graduate Fall 2023 semester. However, you have indicated that you need additional classes Spring 2024 semester in order to graduate. Please have your advisor list the classes needed to meet your degree requirement.

List the course, name, number, and credit hours.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Expected Graduation Date _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Advisor's Name (please print): _____