



LAKE SUPERIOR STATE UNIVERSITY

REQUEST TO CHANGE GRADUATION INFORMATION

Student Name: _____ ID: _____
 First Name MI Last Name

Please indicate below the changes that you would like to make to your Graduation Information:

- Change Expected Graduation Semester to: _____
If you are receiving more than one degree, note if semester change is for:
 All Degrees or List the Degree to be changed: _____
 - Change Address where Verification/Diploma should be sent: _____

 - Add Minor(s): _____
 - Remove the following Minor(s): _____
 - Remove the following Major (for graduates with multiple majors): _____
- Change to B.S. degree or B.A. degree
- Other: _____

Student Signature _____ **Date** _____

Office Use Only: ____SHADEGR (SO, 01) ____SGASTDN ____SPAIDEN Processed by/Date: _____