



LAKE SUPERIOR STATE UNIVERSITY

REQUEST TO CHANGE GRADUATION INFORMATION

Student ID Number: A00_____

Legal Name: _____ Chosen First Name: _____
First Name MI Last Name

Please note, if you have a chosen first name in Anchor Access, it will be used for all Commencement activities unless indicated below:

Please use my legal first name for all Commencement activities.

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 Mailing Address where Diploma should be sent: _____

Add Minor(s): _____

Remove the following Minor(s): _____

Remove the following Major (for graduates with multiple majors): _____

Add the following concentration: _____

Remove the following concentration: _____

I no longer wish to be considered for the following degree: _____

Change to B.S. degree or B.A. degree

Other: _____

Student Signature _____ **Date** _____

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