Graduation Application Change Form



Name:		Graduation Term on Record:
Studen	t ID:	UNA Email:
All corr	esponde	ence regarding this form will be sent to your <u>UNA email account</u> .
•	are chang a m form.	ging your degree, major, minor, or concentration, you must complete a Change of
Please	change	the following information on my current graduation application:
	Gradua	ation Term: (can only be changed prior to posted deadline)
	•	Please change my graduation term to:
	Name (On Diploma
	•	I would like my name to appear as:
	Catalog	g Year: (Requires Department Chair and Advisor's approval)
	•	I would like my catalog year to be:
		Advisor Signature:
		Department Chair Signature:
	Diplom	a Address
	•	Please mail my diploma to this address:
	Ceremo	ony Attendance Update:
		Attending
		NOT Attending
Stude	nt Signa	iture: Date:

Office of the Registrar

UNA Box 5044 Florence, AL 35632-0001 P: 256.765.4316

F: 256.765.4349 Email: graduation@una.edu