

**DECLARATION OF
ANTICIPATED GRADUATION DATE**
REGISTRAR'S OFFICE



NOTE: Completing this form does not guarantee that you will graduate on the date that you declare. You must work with your advisor to make sure that you are on track to complete all academic requirements for graduation.

Last Name First Name Student ID Number

Major/Minor Classification (Sr., Jr., So., Fr.)

I plan to graduate: (please check one) ☐ Fall, ☐ Spring, or ☐ Summer of _____
Year

Student's Signature Date

Advisor's Signature Date

RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

Date Entered By (initials) Notes