

Instructions

This form is to be used by students to change their expected graduation term.

General Information

Please Type

University ID Number _____ Date _____

Name _____
Last First Middle

Academic Program _____ Academic Plan _____

Change Expected Graduation Term

Change expected graduation term to:

Term _____

Program Action DATA

Action Reason EXP G

Submit Form to Registrar's Office for Processing

Click on the SUBMIT button below to send this form to the Registrar's Office for processing. Once processing is complete the form will be returned to the student via his or her RIT e-mail address.

Student e-mail _____@rit.edu

Submit

Registrar's Office Use Only

Date Received _____

Date Processed _____

Processed By _____

Return to Sender