



Graduation Application Addendum

Name: _____

Date of Birth: _____ **Student ID#:** _____

E-mail: _____ **Phone Number:** _____

I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.

Signature: _____ **Date:** _____

Use this form if: You have previously applied for graduation and need to change your semester of graduation OR You no longer know your semester of graduation and need to remove your graduation application.

Change my semester of Graduation :

OR

I no longer know when I will graduate and need to remove my graduation application. I understand I will be required to fill out a new application for a future semester.

From:

To:

Spring _____

Spring _____

Summer _____

Summer _____

Fall _____

Fall _____

I want to change how my name appears on my diploma (please print clearly):

****If you wish to participate in Commencement and have your name appear in the Commencement Program for a semester you will not be graduating in, you must fill out a Commencement Participation for Non-Official Graduate Candidates. This form must be received by the Census Date of the semester of the Commencement Ceremony you wish to participate in. This form is found at: <https://www.msudenver.edu/registrar/forms/>**

Office Use Only

Identity confirmed by: _____

Date: _____

Processor/Approver: _____

Date: _____

Use the submit button or email to graduation@msudenver.edu