

Graduate Graduation Application Revision

GRADUATE STUDENTS ONLY

Student ID: _____

Name: _____

Date of Birth: _____/_____/_____

Phone number: _____

E-mail address: _____

Graduation date: _____

Instructions:

*Provide information for **only** the area that needs to be updated.*

NAME AS IT SHOULD BE PRINTED ON THE DIPLOMA (PRINT CLEARLY):

ADDRESS TO WHICH DIPLOMA WILL BE MAILED:

Enter address exactly as it should appear on a mailing label.

_____ I WOULD LIKE TO PICK UP MY DIPLOMA AT THE REGISTRAR'S OFFICE. I SHOULD BE CONTACTED AT THE NUMBER AND E-MAIL ADDRESS LISTED ABOVE ONCE IT IS AVAILABLE.

STUDENT SIGNATURE: _____

DATE: _____

*If digitally signed, this form must be sent from your TWU e-mail in order to be processed.