

## Undergraduate Graduation Application Revision

DATE: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

NAME: \_\_\_\_\_

**INSTRUCTIONS:**

*GIVE INFORMATION FOR **ONLY** THE AREA THAT NEEDS TO BE UPDATED.*

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

\_\_\_\_\_

**ADDRESS WHERE DIPLOMA WILL BE MAILED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I WOULD LIKE TO PICK UP MY DIPLOMA AT THE REGISTRAR'S OFFICE. I SHOULD BE CONTACTED AT THE NUMBER LISTED BELOW ONCE IT IS AVAILABLE.

**OTHER CHANGES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

CONTACT E-MAIL ADDRESS: \_\_\_\_\_

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