

Texas Woman's University
Office of the Registrar

UNDERGRADUATE GRADUATION APPLICATION REVISIONS

Doc Type: CAG

Description: /

For office use only

DATE: _____

GRADUATION DATE: /

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: _____