

**This form is to be used only by College of Science students.**

**Instructions:**

1. Type information directly into each field.
2. Meet with [your major advisor](#) for the review and approval of your request. Obtain additional signatures.
3. Email the signed petition directly to your [graduation evaluator](#).
4. For additional questions about your graduation status, contact your [graduation evaluator](#).

SJSU ID \_\_\_\_\_ Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Major \_\_\_\_\_ College \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please change my anticipated term of graduation:

From: Term \_\_\_\_\_ Year \_\_\_\_\_ To: Term \_\_\_\_\_ Year \_\_\_\_\_  
Spring, Summer or Fall 4 digits Spring, Summer or Fall 4 digits

Reasons: \_\_\_\_\_

**Diploma Name/ Address**

If you wish to use a name other than your Primary (legal) Name on your diploma, please add your [Diploma Name](#) on MySJSU.

Your diploma will be sent to the mailing address on your MySJSU unless you **have a [Diploma Address](#)**. The University not be held responsible for delivery errors if your mailing or diploma address is not accurate.

If you have any questions, please contact your [graduation evaluator](#).

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
College Authorized/Advisor signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

I confirm that this request is necessary for the student to complete pending degree requirements.

\_\_\_\_\_  
Department Chair signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Associate Dean signature

\_\_\_\_\_  
Date (mm/dd/yyyy)