



Graduation Date Change Request for Award of Master's Degree

San José State University
Graduate Admissions &
Program Evaluations
(GAPE) Extended Zip 0017

Last Name

First Name, M.I.

Student ID

Email Address

Date of Birth

Required Signature

My signature certifies the
accuracy of the information
provided

Student Signature

Date

INSTRUCTIONS

1. A change of graduation date will cost \$10.00.
2. Choose one of the two following options.
 - a. Pay the fee at the Bursar's counter in the Student Services Center. Submit this form, stamped by the Bursar, to the GAPE counter.
 - b. Mail this completed form along with the payment to the Bursar via check or money order made payable to San Jose State University with the student's name and I.D. written on the check. Indicate that the payment is for a graduation date change. Mail to

Bursar's Office
San Jose State University
One Washington Square
San Jose, CA 95192-0138

This form must be received by Graduate Admissions and Program Evaluations (GAPE) in the Student Services Center before the deadline for filing for an award of graduation. Graduation deadlines are listed online at <http://www.sjsu.edu/gape>.

Change my graduation date from _____ to _____
Semester/Year Semester/Year

Degree and Major _____
(e.g. M.A. in Experimental Psychology)

Print full name as it will appear on your diploma (print legibly). The last name must be the same as in your SJSU record, or you will need to file a name change with the Office of the Registrar via the Change of Name form at www.sjsu.edu/registrar/forms.

Last Name

First Name, Middle Initial

Diploma address. **THIS FIELD MUST BE FILLED IN FOR THE PETITION TO BE ACCEPTED.** Please update your mailing and email addresses on MySJSU under Personal Information. A change of address can also be filed with the Office of the Registrar via the Address/Contact Update Request at www.sjsu.edu/registrar/forms. Please notify your GAPE evaluator when a change has been made.

For Office Use Only - Do Not Write Below this Line

Approved

Denied

GAPE Evaluator

Date

Date Change Fee.....\$10.00

Account # 82598

Receipt # _____

Date Paid _____