

**REQUEST FOR CHANGE OF GRADUATION DATE**

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Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Current Graduation Date: \_\_\_\_\_ Desired Graduation Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form should be returned to CASForms@uri.edu**