



University of Detroit Mercy

Graduation Application Update Request

4001 W. McNichols Rd., FAC 080, Detroit, MI 48221

Phone: 313-993-3313 Fax: 313-993-3317

Email: registrar@udmercy.edu

I wish to update my anticipated graduation date to the term stated below. Submission of this form does not guarantee completion of degree requirements during the specified term. All coursework must comply with University and departmental regulations, and my cumulative grade point average must meet the minimum required by my program in order to complete degree requirements.

STUDENT INFORMATION

Student Name: _____

Student ID _____

E-mail address _____

Please verify the name you would like to appear on the diploma. Note: Only your first and last name on record may be used. You can provide your middle name or initial.

Degree (e.g., B.A., B.S., M.A., M.B.A., Ph.D., etc.) _____

Major / program of study _____

GRADUATION DATE UPDATE

Please update my graduation application date to the term and year below.

Requested term:

☐ Fall

☐ Winter

☐ Summer

Year: _____

REMAINING DEGREE REQUIREMENTS

List all remaining requirements you must complete in order to graduate (courses, exams, thesis/dissertation, etc.):

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that I may update my application one time without a Graduation Application Update fee. Any additional updates required will be assessed the Graduation Application Update fee.

Student Signature _____

Date _____

TO BE COMPLETED BY THE COLLEGE / SCHOOL

Please review this student's record and confirm the following:

☐ The degree and major/program information listed above is correct.

☐ The requested graduation term/year listed above is correct.

Remaining requirements confirmed by the college/school's audit:

Dean's Office Signature _____

Date _____

☐ Approved

☐ Denied

Office of the Registrar:

Initials and date processed: _____

Graduation Application Update Fee Assessed: ☐ No ☐ Yes

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