



School of Professional Development (SPD)

CHANGE OF GRADUATION DATE

This form is required for students who have **ALREADY APPLIED** for Graduation, but now need to change their Graduation Date.

Your graduation application will be processed for the semester you indicate below. If you plan to change your graduation date again, **you must submit another form**.

This *Change of Graduation Date* form is for **SPD students**, only.

Please print *CLEARLY*:

Name: _____ Stony Brook ID #: _____

(Required)

Phone: _____ E-mail: _____

Please indicate appropriate degree or certificate program:

- MA HEA MA/LS MAT MPS MS HRM

Advanced Graduate Certificate: _____

***Note:** A Change of Graduation Date Form is required for *each* degree and/or certificate program in which the student is matriculated.

I would like to change my Graduation Date to:

(Fill in year, and check month/term)

December (Fall) _____ (Year) May (Spring) _____ (Year)

August (Summer) _____ (Year) January (Winter) _____ (Year)
(only select if your *last class* is offered during the 3 week January intersession)

STUDENT SIGNATURE

Date

Mail, fax, or e-mail to:
School of Professional Development (SPD)
N-221 Social & Behavioral Sciences
Stony Brook University
Stony Brook, NY 11794-4310

Fax: 631.632.2725
Phone: 631.632.7055
Email: spd_graduationandcertification@stonybrook.edu
Graduation Webpage: <http://www.stonybrook.edu/spd/current/graduation.html>

For Office Use Only
Term Activated _____
Enrollment Appt. _____
SPD: _____