

Declare or Change
Anticipated Graduation Date

Last, First Name

Name: _____ LSU ID: _____

Local Phone: (____) _____ E-mail: _____

Major: _____

Post-Graduation Goal: _____

Current Graduation Date: _____

My anticipated date of graduation is:

Check one:

December

May

August

Graduation Date

(Year)

Student Signature

Date

Dean's Office Signature

Date

For Office Use Only

Updated UCAN

Updated List

Moved Contract