UNDERGRADUATE
CHANGE OF DEGREE COMPLETION TERM REQUEST

Complete this form only if you are a currently enrolled/registered student. If approved, this form will allow you to register for subsequent terms, and will determine when we process your final degree check.

You will not be able to register beyond your stated degree completion term.

Print Name: ___________________________________________________________  EMPL ID: ________________________________
Phone #: ___________________ _________________________                Cal Poly Email Address: _________________________________________
Major: ____________________
New term and year of completion: _______________________   Previous term and year of completion: ______________________

Please state in detail your reason, or reasons, for requesting to extend your graduation term. Be as specific and thorough as possible:

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Student's Signature                      Date

Take this form to the appropriate office (see below) for possible approval of an extension.
If you are moving your graduation term earlier, you do not need signature approval; you can submit the form directly to the Office of the Registrar.

Comments Regarding Approval or Denial of the Extension (Please indicate your specific reason for denial/approval):

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

I ☐ APPROVE ☐ DO NOT APPROVE THIS REQUEST

College Representative’s or Athletic Advisor’s Name (Please Print) Title

College Representative’s or Athletic Advisor’s Signature Date

NOTE: Approval of request does not constitute a contract between the student and the University, nor is it an official notification of remaining degree requirements. It is a permission to extend the student’s graduation term.

This change will typically be processed within 48 hours of receipt of final signatures. Please return this form to the Office of the Registrar (Admin. 222). If you have questions, please contact the Evaluations Unit of the Office of the Registrar, (805)756-2396.

<table>
<thead>
<tr>
<th>College</th>
<th>College Representatives</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAED</td>
<td>Professional Advisors</td>
<td>CAED Advising Center, Building 5, Room 210</td>
</tr>
<tr>
<td>CAFES</td>
<td>Professional Advisors</td>
<td>CAFES Advising Center, Building 74M-A</td>
</tr>
<tr>
<td>CENG</td>
<td>Professional Advisors</td>
<td>CENG Advising Center, Building 40, Room 115</td>
</tr>
<tr>
<td>CLA</td>
<td>Professional Advisors¹ OR Associate Dean²</td>
<td>¹CLA Advising Center, Building 47, Room 22B OR ²Building 47, Room 31</td>
</tr>
<tr>
<td>OCOB</td>
<td>Professional Advisors</td>
<td>OCOB Student Services Center, Building 3, Room 100A</td>
</tr>
<tr>
<td>COSAM</td>
<td>Professional Advisors¹ OR Associate Dean²</td>
<td>¹COSAM Advising Center, Building 53, Room 211 OR ²Building 25, Room 229C</td>
</tr>
<tr>
<td>NCAA Student Athlete</td>
<td>Athletic Advisor</td>
<td></td>
</tr>
</tbody>
</table>