

## Graduate Graduation Application Revision

GRADUATE STUDENTS ONLY

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

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Graduation date: \_\_\_\_\_

**Instructions:**

*Provide information for **only** the area that needs to be updated.*

**NAME AS IT SHOULD BE PRINTED ON THE DIPLOMA (PRINT CLEARLY):**

\_\_\_\_\_

**ADDRESS TO WHICH DIPLOMA WILL BE MAILED:**

*Enter address exactly as it should appear on a mailing label.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\_\_\_\_\_ I WOULD LIKE TO PICK UP MY DIPLOMA AT THE REGISTRAR'S OFFICE. I SHOULD BE CONTACTED AT THE NUMBER AND E-MAIL ADDRESS LISTED ABOVE ONCE IT IS AVAILABLE.**

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\*If digitally signed, this form must be sent from your TWU e-mail in order to be processed.