



Boston University School of Education
Office of Student Records

Petition to Change Graduation Date (Graduate Students)

Please complete and return to the SED Student Records Office, room 115, for processing.

Name _____
Last First Middle Initial

Degree Program (select one): MAT EdM MMT CAGS EdD

Program: _____ Current Date of Graduation: _____

BU ID: _____ Advisor: _____

Phone: _____ Email: _____

Semester and year you entered SED _____

Expected date of graduation (circle): January May September 20_____

Reason for change:

Student Signature Date

Academic Advisor Signature Date

ALL STUDENTS: ATTACH A COPY OF YOUR **DEGREE ADVICE** FROM THE STUDENTLINK

OFFICE USE ONLY
PROCESSED BY: _____
DATE: _____