Reclassification Form

Name: _____________________________________________________________________________

                            Last          First          Middle Initial

RUID: ________________________________ Date: ________________________________

E-mail address: ________________________ Current Class (Month/Year): ___________________

Note: Students who complete all degree requirements graduate as follows:

Spring semester: May
Summer semester: October
Fall semester: January

Students who graduate in October can walk in the previous May commencement ceremony and students who graduate in January can walk in the following May commencement ceremony. There is NO October or January ceremony.

Current Classification: _______ May
                       _______ October Year: _______
                       _______ January

Reclassification Request: _______ May
                          _______ October Year: _______
                          _______ January

Reason:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature of Student ___________________________ Date ______________________________

OFFICE OF UNDERGRADUATE PROGRAMS APPROVAL

Approved Signature: ___________________________ Date of Approval: _______________________

Registrar Notified: ___________________________