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:    August
Fall semester:      January

Students who graduate in August 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 August or January ceremony.

Current Classification:                     ______ May
                                           _____ August       Year: _______
                                           _____ January
Reclassification Request:         ______ May
                                           _____ August       Year: _______
                                           _____ January

Reason:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

_______________________________________               ___________________________________________
Signature of Student      Date

_____________________________________________________________________________________________
OFFICE OF UNDERGRADUATE PROGRAMS APPROVAL

Approved Signature: _________________________  Date of Approval: __________________________
Registrar Notified: _________________________