

REQUEST FOR GRADUATION EVALUATION – Return to Admin. Bldg. Rm. 222 or Records' dropbox

(Please print clearly or type)

Please complete sections A through E

A. Name: _____ Date: _____

Address: _____
Street: _____

City, State, Zip: _____

1. Use this form to request your graduation evaluation during the **fourth quarter prior** to your expected degree completion term.
2. Your evaluation will be mailed to you approximately two quarters prior to your completion term.
 - a. Evaluations completed during Fall, Winter and Spring Quarters will be mailed to your **local** address.
 - b. Evaluations completed during Summer Quarter will be mailed to your **permanent** address.
3. **NOTE:** If you have **already requested or received** your graduation evaluation and need to change your expected graduation term, please fill out a **Change of Degree Completion Term**** form available at the office of Academic Records. Submitting another *Request for Graduation Evaluation* form will only delay the process.

B. Diploma Name: _____
FIRST MIDDLE LAST

Student ID: _____ Local Phone: _____

* ^ Major: _____ Spec/Conc: _____

~ Minor: _____ Catalog: _____ (i.e., 94-97, 01-03, etc.)

* **Attach** applicable forms, i.e., Tech Elective Statement; Concentration; Advisor Approved Electives; Individual course of study (ICS); Emphasis/Minor Statement; Advancement to Candidacy/Formal Study Plan. **Your Request for Graduation Evaluation will be returned if this information is not attached or already on file.**

^ If in a double major and it's a different degree type, you must designate which degree type will be awarded. Only one diploma for that degree type will be issued. (i.e., BA, BS, etc.)

~ **Attach** approved Minor Requirement form, if applicable.

C. Term & Year all degree requirements completed

FALL	200__	(December)
WINTER	200__	(March)
SPRING	200__	(June)
SUMMER	200__	(September)

** (You cannot register beyond the degree completion term)

D. Degree type: (circle one)

TECHNICAL CERTIFICATE
BACHELORS: BS BA BAR BLA
MASTERS: MA MS MAR MBA MBS
MCRP MENGRC MSCP

Spring Ceremony is for students completing all course work in Winter, Spring, or Summer term.

Fall Ceremony is for students completing all course work in Fall term only.

→ **BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT MY NAME, MAJOR AND HONORS, IF APPLICABLE, WILL BE PRINTED IN THE COMMENCEMENT PROGRAM.** ←

E. Signature _____

Your *Request for Graduation Evaluation* was received for _____. It will be mailed to you approximately two quarters prior to your completion term.

1. _____ Please submit your approved Minor Requirement form as soon as possible.
2. _____ Please note you are not eligible for the _____ catalog and are presently on the _____. See "Catalog Rights" in the Cal Poly catalog for more information.

PLEASE KEEP YOUR LOCAL AND PERMANENT ADDRESSES CURRENT VIA MY.CALPOLY.EDU

We are returning your *Request for Graduation Evaluation* for the following reason(s):

1. _____ Wrong form, please complete a *Change of Degree Completion Date* form, available at Records forms area or http://www.ess.calpoly.edu/_records/FORMS/index.htm, and deposit the form in the Records Office Drop Box.
2. _____ Your graduation evaluation was already processed and mailed to you on _____.
3. _____ Please complete the concentration area and return to Evaluations.
4. _____ Please indicate specific quarter and year of expected graduation term.
5. _____ Duplicate request. We received your original request on _____. Your evaluation will be mailed to you approximately two quarters prior to your completion term.
6. _____ Resubmit request during the fourth quarter prior to your expected graduation term.
7. _____ Please attach Tech Elective Statement; Concentration; Advisor Approved Electives; Individual course of study (ICS) ; Emphasis/ Minor Statement; Advancement to Candidacy/Formal Study Plan and resubmit.