

Andrews University Affiliation and Extension Programs
University of the Southern Caribbean

CHANGE IN GRADUATION APPLICATION CONTRACT

SURNAME	FIRST NAME	AU ID#	USC ID#

Degree: BA () BS () AS ()	Major/s:	Minor/s:
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CHANGE

REQUESTED: _____

REASON FOR

REQUEST: _____

SEMESTER FOR WHICH CHANGE IS REQUESTED: School Year _____

1st Semester () 2nd Semester () Summer ()

() Recommended () Denied _____ Advisor Date: _____
() Recommended () Denied _____ Advisor Date: _____

Date Returned to the Registrar's Office _____