

Cratis D. Williams Graduate School  
PO Box 32068  
Boone, NC 28608  
828-262-2175

REQUEST TO MOVE GRADUATION TO A LATER TERM

Name: \_\_\_\_\_

Student ID Number<sup>1</sup>: \_\_\_\_\_

Date: \_\_\_\_\_

Please move my graduation application (Circle the terms that apply)

**FROM:**      20\_\_\_\_      **Fall**              **Spring**              **Summer**

**TO:**            20\_\_\_\_      **Fall**              **Spring**              **Summer**

Attached is a check/money order for the amount of \$15.00 for the transfer fee.

Program: \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Local Phone: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Printed name: \_\_\_\_\_

Graduate School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> I understand and acknowledge that provision of my Social Security number is voluntary and authorize its use as a personal identifier for record keeping purposes.