

CHANGE OF GRADUATION INFORMATION

RETURN ONLY IF CHANGE IS REQUESTED

Changes must be received no later than Monday, November 16, 2009
or a \$50.00 fee will be assessed.

OFFICE OF THE REGISTRAR

January 2010 GRADUATION

NAME _____
(Please print)

ndID or NetID _____

CHANGE FOR DIPLOMA and MAY 2010 COMMENCEMENT PROGRAM

Name change: _____

CHANGE FOR MAY 2010 COMMENCEMENT PROGRAM ONLY

Hometown or state change: _____

Signature: _____ Date: _____

Print and complete the form and mail, fax, or bring to: Office of the Registrar, 105 Main Building,
Notre Dame, IN 46556 Fax: 574-631-3865, no later than **November 16, 2009.**