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ANTICIPATED GRADUATION DATE CHANGE FORM

Please allow three (3) working days for the update to take effect.

Note: Students who are enrolled less than half-time will not be updated until Clayton State University's next scheduled submission to the National Student Clearinghouse.

Laker ID _____ *Full Name* _____

Anticipated Graduation Date (Term/Year) _____

Signature _____ **Date** _____

<p>For office use only:</p> <p>Updated: Banner _____ NSC _____ By _____</p>
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