



## URGENT GRADUATION REQUEST

**NOTE:** Please review your Academic Requirements Report (ARR) before submitting this form. This request will only be reviewed if all the areas on your ARR are shown as met (green circle) or in-progress (yellow diamond).

**Information:** Grades must be finalized before degree can be posted. If you have recent coursework coming in from another institution, it must be received and evaluated before the degree can be awarded.

**Instructions:** Attach supporting documentation showing the need for degree conferral (e.g. graduate school acceptance, job offer). The documentation should include your name and the date by which the degree is necessary. Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by mail, by fax, or as an email attachment to [registrar@csusm.edu](mailto:registrar@csusm.edu)

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student ID: \_\_\_\_\_ CSUSM Email: \_\_\_\_\_@cougars.csusm.edu

Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**GRADUATION TERM:** \_\_\_\_\_ 20\_\_\_\_ **Degree Program:** \_\_\_\_\_

**REASON FOR REQUEST:** Graduate program Employment Other: \_\_\_\_\_

**\*Please attach any documentation to substantiate your reason.**

If you are currently enrolled at another institution, please provide the institution name:

\_\_\_\_\_ (You are required to submit an official transcript when the grades are posted)

Have you requested transcripts to **HOLD FOR DEGREE** prior to this request?

If not, please attach a transcript request to this form.

The transcript request form is available at <https://www.csusm.edu/enroll/forms/index.html>

Yes No

*I understand that this is a request and not a guarantee that the degree will be posted by any certain date.*

*By typing or signing my name on this line, I hereby certify that the information I have given you in the application above is true and correct.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For verification purposes all forms signed and submitted electronically must be submitted from the student's CSUSM email address.*

For Office Use Only:

Date Processed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_