F-1 STUDENT EXPECTED GRADUATION DATE VERIFICATION FORM

Student Name: _____
First Name Middle Name Last Name

Student ID #: _____

Major: _____

Dear Advisor:

Please verify the expected graduation date for the student by filling out the following items.

Term/Date Expected to Graduate: Term/Year: _____ Date: _____

Advisor's Name: (Please Print) _____

Signature: _____

Department: _____

Today's Date: _____

Please return the form to Grace Philson at International Students Office, Room 1207 . Thank you.

File: Graduation Date Verification Form