

## Petition to Change Expected Conferral Date or Amend the ATC

Graduate students should file this form to:

- Officially change your expected graduation date in HUB. Students beyond the degree time limit (four years for master's or seven years for doctoral programs) must file a Petition for an Extension of the Time Limit to Complete Graduate Degree Program ([grad.buffalo.edu/forms/extension.html](http://grad.buffalo.edu/forms/extension.html)).
- Change your major advisor and/or committee members.
- Signify a change in future planned registration (e.g., adding or deleting anticipated courses or credits).
- Signify a change in your master's program final capstone (e.g., from thesis option to exam option).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

UB Person Number \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Degree: AuD or DNP \_\_\_ Master's \_\_\_ PhD \_\_\_ Adv. Cert. \_\_\_

\_\_\_ Update Anticipated Conferral Date to: February \_\_\_ June \_\_\_ September \_\_\_ Year \_\_\_\_\_

Is full time certification needed? Yes \_\_\_ No \_\_\_

**Student Oath:** With my signature below, I confirm that I am aware of all required conferral materials and submission deadline for my new conferral date ([grad.buffalo.edu/succeed/graduate/requirements.html](http://grad.buffalo.edu/succeed/graduate/requirements.html)). I understand that if all program requirements are not complete, or if I fail to submit the required materials on time, my degree will not be conferred on that date and I will need to file another petition to update my HUB record. I understand that registration is required each fall and spring term until my degree is conferred.

\_\_\_ Change major advisor/committee members \_\_\_\_\_

\_\_\_ Change master's capstone option \_\_\_\_\_

\_\_\_ Add or delete future planned registration.

Add/Delete	Course Title	Course Number	Semester/Year	Credits

Justification for requested changes **(required)**

### Required Approvals

Student \_\_\_\_\_  
Name Signature Date

Major Advisor \_\_\_\_\_  
Name Signature Date

Chair/Director of Grad. Studies \_\_\_\_\_  
Name Signature Date

**Submit completed form to the Graduate School at [grad@buffalo.edu](mailto:grad@buffalo.edu) or 409 Capen Hall.**

#### For Graduate School Use Only

Reviewer: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ PDB \_\_\_\_\_ HUB \_\_\_\_\_ Email \_\_\_\_\_

Comments: \_\_\_\_\_ Revised 11/2/18