

UNIVERSITY OF MINNESOTA DULUTH

Petition to Change Expected Graduation Term (EGT)

Complete this form if you have already applied to graduate and need to change your EGT. Typically, students need to extend their EGT to a future term. In rare cases, a student needs to change their EGT to an earlier term. This form can be used for both situations. The EGT can be extended FOR ONLY ONE TERM at a time.

- If this is your first request to extend your EGT, complete Section A.
- If this is your second request, complete both Sections A and B.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Return this form on campus to:
 Student Assistance Center
 23 Solon Campus Center

or mail it to:
 Office of Financial Aid and Registrar
 University of Minnesota Duluth
 1049 University Drive
 Duluth MN 55812-3011

E-mail: umdhelp@d.umn.edu
Phone: 218-726-8000
Fax: 218-726-8219

Section A: Student information					
Last name—type or print neatly in ink		First		Middle	
Student ID number		U of M e-mail @d.umn.edu			
Current EGT	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> May Session	<input type="checkbox"/> Summer Session	Year
Change EGT to	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> May Session	<input type="checkbox"/> Summer Session	Year
Please explain the reason for requesting a change in EGT.					

Section B: Course work for which you are enrolling					
Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> May Session	<input type="checkbox"/> Summer Session	Year
Majors(s)					
Minor(s)					
Course designator	Course number	Credits	Course designator	Course number	Credits

Certification	
I certify that all information provided is true and correct to the best of my knowledge.	
Student signature	Date