



SILICON VALLEY UNIVERSITY
2160 Lundy Ave. Suite 110, San Jose, CA 95131
Tel: 408-435-8989 Fax: 408-955-0887 Email: info@svuca.edu

Extending Graduation Date Request

Last Name: _____

First Name: _____

Birthday: _____

Student I.D: _____

Phone number: _____

E-mail: _____

Address: _____

Street

Apt

City

State

Zip code

Extend graduation day to: _____ 20 _____

Term

Year

Reason to extend: _____

Signature **Date**

Dean's Signature **Date**

Signature, Title of Official **Date**

❖ **Please pay USD135 (non-refundable) in advance for registration fee. Each student is allowed to extend graduation once only.**