



University of Lynchburg

REQUEST FOR GRADUATION PROGRESS REVIEW

Instructions:

Before submitting this form, you must discuss your Graduation Progress Report with your advisor. Once this is done please complete and return to the Office of the Registrar.

Student Name: _____

Birth Date: _____

Last 4 SSN: _____

Major: _____

Anticipated Graduation Date: _____

Please list concerns below:

Student Signature: _____ Date: _____

A response will be returned to the student and advisor for review.
