



College of Southern Idaho



Financial Aid Office

P.O. Box 1238 • 315 Falls Avenue

Twin Falls, Idaho • 83303-1238

208-732-6273

www.csi.edu/financialaid

Graduation Date Change

Last Name First Name M.I. Student ID#

(____)_____-_____
Phone Number (Including Area Code) Date of Birth

Please change my graduation date to: _____

Student Signature _____ Date _____

A copy of this form will be sent to the Director of the Records Office.

***** OFFICE USE ONLY*****

Financial Aid Advisors Signature _____ Date _____

Records Office Signature _____ Date _____