



CHANGE OF SEPARATION DATE

Date: _____

SSN: _____

This is a formal request to change my expected date of graduation.

My new expected graduation date is _____.

The reason for the change is _____

_____.

I understand that this request is effective immediately and that all future changes to my separation date must be submitted in writing to the Office of the Bursar.

Name (Please print)

Signature

Address

City, State Zip

Telephone

Please return this original document to:

Fashion Institute of Technology

Office of the Bursar

227 W 27 Street, Rm 333/15

New York, NY 10001

Attn: Perkins Loan Dept.

Fax: (212) 217-3721 / Office: (212) 217-3734