

## GRADUATION CANCELLATION FORM

EmplID: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Major/Plan \_\_\_\_\_ Undergraduate  Graduate  Doctoral

CCNY Email Address: \_\_\_\_\_ @citymail.cuny.edu

I wish to cancel my current graduation for:

Year: 20\_\_\_\_  May/June  September  January/February

**Reason for cancelling graduation:**

Repeat course(s)  Need additional course(s)

Other (Explain): \_\_\_\_\_

Indicate semester you wish to take additional course(s):

Year: 20\_\_\_\_  Spring  Summer  Fall

**By filling out the above and signing below, I agree to have my graduation application cancelled and rolled over to the following graduation.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_