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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 addition Other (Explain):	
Indicate semester you wish to take addition Year: 20 Spring Sum	
By filling out the above and signing below, and rolled over to the following graduation	I agree to have my graduation application cancelled .
Signature	Date: / / 20