

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____