Queens College Office of the Registrar

65-30 Kissena Blvd - JH First Floor, Flushing, NY 11367 (718) 997 - 4400

Cancellation of Graduation Form

Student ID#					
Name:					
Name: Last	First		M.I.		
I,		, hereby re	scind the grad	duation I filed for	
Semester: [] Fa	all [] S	pring [] Summe	r	
[] Undergraduate	application [] Graduat	e application		
I understand that once permitted to reverse m for a future graduation.	y request. I also ui			•	
My reason for making	this request is:				
		Date	//20	-	
Student's Signature					
Return this form to th	ne Office of the Reg	strar			
•••••	DO NOT W	RITE BELOV	V THIS LINE		
Gif for	_term Processed	by	P	ublications notified	