



Office of the Registrar
65-30 Kissena Blvd.
Jefferson 100
Queens, NY 11367
(718) 997-4400

Cancellation of Graduation Form

CUNYfirst ID: _____

Name: _____
Last First M. I.

I, _____, hereby rescind the graduation I filed for

Semester: Fall Spring Summer Year: 20____

Career: Undergraduate Graduate

I understand that once I sign and submit this form to the Office of the Registrar, I will not be permitted to reverse my request. I also understand that I will be required to re-file an application for a future graduation.

My reason for making this request is:

Contact Information:

Phone Number: (_____) _____ - _____

QC Email Address: _____@gmail.cuny.edu

Student's Signature Date: ____/____/20____

.....**DO NOT WRITE BELOW THIS LINE**.....
Term Activated for _____ term Processed by _____ Publications notified _____