



CHANGE OF GRADUATION INFORMATION

CUNYfirst ID: _____		QC Email: _____	
First Name: _____		Last Name: _____	
Signature: _____		Date: _____	
Career:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	

I am rescinding the graduation I filed for:

Semester: Fall Winter Spring Summer **Year: 20** _____

And would like to refile for graduation for:

Semester: Fall Winter Spring Summer **Year: 20** _____

For Office Use Only:		
Received by: _____	Date: _____	Notes: _____
Processed by: _____	Date: _____	Notes: _____