



Office of the Registrar
Dining Hall, Room 128
registrar@qc.cuny.edu

CHANGE OF GRADUATION INFORMATION

CUNYfirst ID: _____		QC Email: _____
First Name: _____	Last Name: _____	
Signature: _____	Date: _____	
Career: Undergraduate	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: _____