

GRADUATION APPLICATION WITHDRAWAL FORM

Complete the following to withdraw your graduation application. If not done in person, return this form to the address listed on the bottom of this form.

NAME: _____ STUDENT ID: _____

CWU EMAIL: _____

MAJOR PLAN: _____ MINOR/ 2nd MAJOR: _____

Term withdrawing from: FALL WINTER SPRING SUMMER 20____

Do you plan to plan to reapply to graduate another term: Y / N

If so, which term? _____

*A new graduation application must be submitted by that term's deadline (2nd Friday from the start of the term prior to the intended graduation term).

STATE REASON FOR WITHDRAWAL (use back side or attach additional pages if needed):

Student Signature: _____ Date: _____

NOTE: If your application has already been processed for the quarter you are withdrawing from, you must **re-apply and pay a \$20.00 re-application fee.**

Office Use Only

DC Rep initials: _____ Date: _____

Original app processed? Y / N

Status changed on MyCWU/file? Y / N

Rev: 10/14/15

Degree Checkout