

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? _____

*If you indicate a new term here, we will move your application to this term; a \$20 re-application fee will be assessed. If unknown, leave blank.

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 and unsure when you will graduate, you must submit another graduation application to reapply for graduation. There will be 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: 7.15.20

Degree Checkout