



GRADUATION APPLICATION WITHDRAWAL

Complete the following to withdraw your graduation application:

NAME: _____ STUDENT ID: _____

CWU EMAIL: _____
(Information regarding your graduation will only be sent to your CWU email)

Term withdrawing from: FALL WINTER SPRING SUMMER 20____

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

Do you plan to graduate another term: Y / N

If so, which term? _____

NOTE: If your application has already been processed, you will be charged the \$20 re-application fee and moved to this term.

Student Signature: _____ Date: _____

Office Use Only

DC Rep initials: _____ Date: _____

Original app processed? Y / N

Status changed on MyCWU/file? Y / N

Rev: 10.20.22

Degree Checkout