



QC Hub
Dining Hall
Room 128
qchub@qc.cuny.edu

CANCELLATION OF GRADUATION

CUNYfirst ID: _____

Name: _____
Last _____ First _____ M. I. _____

I, _____, hereby rescind the graduation I filed for

Semester: Fall Spring Summer Year: 20_____

Career: Undergraduate Graduate

I understand that once I sign and submit this form to the QC Hub, I will not be permitted to reverse my request. I also understand that I will be required to re-file an application for a future graduation.

My reason for making this request is:

Contact Information:

Phone Number: (_____) _____ - _____

QC Email Address: _____@qmail.cuny.edu

Student's Signature

Date: ____/____/20____

Summer 2020 ER

.....DO NOT WRITE BELOW THIS LINE.....
Term Activated for _____ term Processed by _____ Publications notified _____