

Undergraduate Graduation Cancellation Form

This form can be filled out with Adobe Acrobat and then printed for signatures.

<u>UNDERGRADUATE STUDENTS</u>: Upon Completion of this form, return it to the Office of the Registrar, Degree Audit Section, Suite 1501 of the General Services Complex, 750 Agronomy Road, or fax to 979-845-0727. Any questions may be directed to 979-845-1089 or <u>degree-audit@tamu.edu</u>.

Stud	ent's full LEGAL name	Student UIN: Major:	
Degr	ree: Major:		
ГАМ	IU Email:		
Plea	se read each statement below BEFORE signing:		
•		r graduation.	
•	I understand I will not be allowed to participate in the graduation ceremony. I know across the stage at graduation for this semester/term.	,	
•	I understand I will forfeit any fees related to the Graduation Application.		
•	I understand I must re-apply for graduation by the application deadline of the semester/term I plan to graduate. I will check the academic calendar for the official application deadline.		
•	I understand I must meet all the degree requirements for my degree, including any correspondence and/or transfer credit, by the published deadline, before I am eligible to receive a degree from Texas A&M University.		
•	I understand any exceptions granted to my status as a full-time student, based on being a degree candidate, will be reversed upon cancellation of this graduation application.		
•	I understand any graduation applications dependent on this degree will be cancelle forfeited.	ed and their fees will be	
Stud	ent's Signature	Date	
	For Registrar Use Only		
Date	Received: Processed By:		
	Graduation Application Cancelled in Compass on this of	date:	