
UFID Class and college

Last name First MI

To report or change an anticipated date of graduation

_____ Year Spring (May) Summer A (June) Summer B/C (Aug.) Fall (Dec.)

Please complete this section ONLY if you have already filed a degree application for the current term.

"I hereby request that my name be removed from the list of degree candidates for _____ . I understand that I must reapply by the Month/Year degree application deadline for the term that I expect to graduate."

This form should not be used after official last day of classes. Please contact your college dean's office.

Signature Date

- FOR OFFICE USE ONLY -

Degree File CSTAT Date By