

GRADUATION APPLICATION CANCELLATION REQUEST

INSTRUCTIONS: Use this form if you have previously submitted a graduation application and need to cancel the current application to allow you to submit a new one (to change your graduation semester or for other reasons). After this form has been processed (usually within 2-3 business days), you will receive a confirmation email from the Office of the Registrar with instructions to submit a new graduation application online via Self Service (my.okstate.edu).

| STUDENT INFORMATION: | | | | | | |
|--|-------------------------|-------------------------|-------------------|--|--|--|
| LAST NAME: | FIRST NAME | Ξ: | MIDDLE NAME: | | | |
| STUDENT ID: | | | | | | |
| PHONE: () | | | | | | |
| This phone number will ONLY be used by o | ffice management to con | itact you if needed abo | out this request. | | | |
| CURRENT GRADUATION APPLICATION DETAILS | 5: | | | | | |
| DEGREE (CHECK ONE): | Bachelor's Degree | _Bachelor's Degree | | | | |
| | Master's Degree | Master's Degree | | | | |
| | Doctoral Degree | oral Degree | | | | |
| | DVM Degree | | | | | |
| MAJOR: | | | | | | |
| Original Expected Graduation Term: | Spring | Year | | | | |
| | Summer | | | | | |
| | Fall | | | | | |

I wish to cancel my current graduation application. I understand that I will need to submit a new one to move my graduation to a different term after this form has been processed.

Signature

_ Date _____

| OFFICE USE ONLY | | | |
|---------------------|-------|-------------------------|----------------|
| Registrar Initials: | Date: | Cancellation Processed: | Revis 4/12/ |