



Today's Date: _____

UNDERGRADUATE STUDENT – CANCEL INTENT TO GRADUATE

TCU ID Number: _____

Graduation Date Filed For (check one)

May

Aug

Dec

YEAR: 20_____

Student Name

Last First Middle

Preferred Email Address _____

Degree(s) _____

Major(s) _____

Minor(s) _____

Signatures

Student _____ Date _____

Dean's Office _____ Date _____

Please remove the name of this student from your graduation list.

Note to Student: Please be aware that you must file a new 'Intent to Graduate' form for the next semester you intend to graduate. A non-refundable fee is charged each time you submit an 'Intent to Graduate' form.