

ANDREWS UNIVERSITY AFFILIATION EXTENSION PROGRAMS
UNIVERSITY OF THE SOUTHERN CARIBBEAN

GRADUATION CANCELLATION FORM

Name: _____ USC ID: _____ AU ID: _____

Degree: BA BS AS BBA

Major: _____ Minor: _____

To: The Faculty Dean

Department of: _____

I am hereby requesting the cancellation of the graduation application that was submitted for the _____ 20____ graduation exercise on the University of the Southern Caribbean campus of the Andrews University Affiliation and Extension Programs.

I am requesting the cancellation because I am unable to complete the following course/s in time for the above stated graduation exercise.

- a) I clearly understand that my name will be removed from the _____ roster of prospective graduates.
- b) I agree to submit a copy of this form to my advisor, the Dean of the Faculty from which I hope to attain my degree, and to the person who is responsible for preparing my check sheet at the Registrar's Office.

c) I understand that if the form is not returned to the persons in (b) above, by the _____, that I will be charged a fee for failing to comply with the graduation requirements.

By placing my signature below I indicate that I clearly understand the procedure necessary for me to have my name placed on a subsequent list.

SIGNATURE: _____

Student

DATE RETURNED _____