

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 \_\_\_\_\_