



Graduation Application Cancellation Request

INSTRUCTIONS: Use this form if you wish to withdraw your graduation application for the current term. After this form is processed (in 2-3 business days), you will receive a confirmation email from the Graduation Team in the Office of the Registrar.

Please submit this form via email to GraduationTeam@shsu.edu or in person to the Registrar's Office on the third floor of the Estill Building

Student Information

First Last M.I

Sam ID Contact Phone No.

All correspondence will be sent electronically to your SAM email account. It is your responsibility to read all correspondence received.

Current Graduation Application Details

Degree (Check One): Bachelor's Degree
Master's Degree
Doctoral Degree

Major: _____

I am canceling my Graduation Application for: Spring Year: _____
Summer
Fall

I wish to cancel my current graduation application. I understand I will need to submit a new application in the term in which I complete my requirements and that the fee paid is non-refundable and non-transferable.

Signature _____ Date _____

For Official Use Only: Date

Processed by