



Rescinding a Graduation Application

OFFICE USE ONLY
Date Entered: _____
Initials: _____

Last Name, First Name, MI: Student ID #

I wish to rescind (delete/cancel) my graduation application for:

Fall Summer Spring Year: _____

Students Signature: Date:

Rev. 6/16

Attn.: Registrar's Office, P.O. Box 730, Kutztown, PA 19530
 Phone: (610) 683-4485 Fax: (610) 683-1586 Email: regoffice@kutztown.edu



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