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**GRADUATE STUDENT - CANCEL INTENT TO GRADUATE**

Date: \_\_\_\_\_

TCU ID Number: \_\_\_\_\_

**Graduation Date Filed For (check one)**

May                  Aug                  Dec                  YEAR: 20\_\_\_\_\_

**Student Name**

\_\_\_\_\_  
 Last    First    Middle

Preferred Email Address \_\_\_\_\_

Degree(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.