



OFFICE OF THE REGISTRAR

Request to Withdraw Undergraduate Graduation Application

Name: _____ Student ID: _____

Withdraw my undergraduate graduation application for _____
(term & year)

I understand I must reapply for graduation for a future term for my degree to be awarded.

I will let my academic advisor know I have withdrawn my application.

Handwritten Signature: _____

Date: _____

Please submit your request by fax, email or mail:

Fax: 940-565-3878

Registrar@unt.edu

University of North Texas
Office of the Registrar
Attn: Graduation
1155 Union Circle #311400
Denton, TX 76203-5017