



**Registrar's Office**  
 Room 130, 6299 South Street  
 Henry Hicks Academic Administration Bldg  
 PO Box 15000  
 Halifax, NS B3H 4R2

Fax: 902 494-1630 graduation@dal.ca

# Request to Cancel Application to Graduate

If you are an Undergraduate student who wishes to cancel their Application to Graduate, please complete this form and email it to **graduation@dal.ca**.

If you are a Graduate student, please contact the **Faculty of Graduate Studies** to confirm that your request can be accommodated.

Name: \_\_\_\_\_

Student #:

<b>B</b>									
----------	--	--	--	--	--	--	--	--	--

Degree: \_\_\_\_\_

**Convocation Session**

Spring 20\_\_

Fall 20\_\_

Reason \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

A **new Application to Graduation** must be submitted when you intend to graduate. Please note the deadlines for submission of applications are as follows:

**Spring Convocation—December 1**

**Fall Convocation—July 1**