



**ORLANDO CAMPUS:**

**UNDERGRADUATE ADVISING:** Phone: 407-823-3723 • Fax: 407-823-3852 • Office: ED 110

**REGIONAL CAMPUSES:**

**Southern:** 321-433-7947 • **Eastern:** 386-506-4054 • **Western:** 352-536-2183

## REQUEST TO WITHDRAW INTENT TO GRADUATE

*Please Print Clearly*

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

Address: \_\_\_\_\_

*City*

*State*

*Zip*

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
*Area Code Phone Number*

Email: \_\_\_\_\_@knights.ucf.edu

Major: \_\_\_\_\_ Track: \_\_\_\_\_

Check the term and specify the year that you are requesting to withdraw your Intent to Graduate:

Spring (May)     Summer (August)     Fall (December)    Year: \_\_\_\_\_

I plan to still walk in the graduation ceremony for the term I am requesting to withdraw my Intent to Graduate:

Yes     No

**Please initial the following statements:**

\_\_\_\_\_ **I understand that I must resubmit an intent to graduate form online by the date noted in the Academic Calendar for the term in which I intend to graduate.**

\_\_\_\_\_ **I understand that I must be enrolled in at least one semester hour at UCF during the semester in which I plan to graduate.**

\_\_\_\_\_ **I understand my graduation status will not be finalized until my degree audit reads "All Requirements Identified Below Have Been Met."**

**Student Signature:** \_\_\_\_\_

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

Office of Undergraduate Affairs and  
Partnerships  
For Office Use Only

Date: \_\_\_\_\_ Processed by: \_\_\_\_\_