



CALIFORNIA
STATE
UNIVERSITY,
FRESNO

DEGREE APPLICATION WITHDRAWAL FORM

I am officially requesting to withdraw my Spring/ Summer/ Fall application for graduation. I understand that I must apply again for my degree and pay the application fee during the filing period for the graduation date by which I will complete **ALL** of my degree requirements.

My new expected graduation semester is: _____

Name (Please Print) _____ I.D. Number _____

Major Title _____ Phone # _____

Street Address _____ City _____ State _____ Zip Code _____

Signature of Applicant _____ Date _____

Reason for Withdrawal (required):

E-mail address (required): _____

<i>For Office Use Only</i>			
Approved/Denied	Initials: _____	Date Student Notified: _____	
<small>Circle One</small>			
Entered By: _____		Date: _____	

Admissions, Records,
and Evaluations
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