

Office of Enrollment Management, Admissions

The College of the Florida Keys

5901 College Road, Key West, FL 33040

Email: admissions@cfk.edu
Telephone: 305-809-3188

Request to Delay Graduation

This form must be filed with the Office of Enrollment Management (EM) by the graduation deadline posted in the academic calendar.

The following is to be completed by the student:					
Student Name:					
Student ID:					
Degree/Certificate:					
Graduation term you a	re requesting to d	lelay:			
Fall	Spring	Summer	Year:		
Graduation term you a	re requesting to p	earticipate in:			
Fall	Spring	Summer	Year:		
I am requesting a delay in my graduation for the following reasons:					
Submitting this form d outcome of their reque			ce of EM will notify the student as to the		
By my signature below	, I certify that the	above information	is correct.		
Student's signature			Date		

The following is to be completed by the student's Acade	emic Advisor:	
Academic Advisor's Comments:		
By my signature below I approve this request this request t	to delay this student's graduation.	
Academic Advisor's signature	Date	
Executive Director of EM's signature	Date	