University of Wisconsin–Madison

Four-Year Graduation Agreement

Termination of Agreement

Date: _________________________

Name of Student: ___________________________ ID# ___________________________

Address: _________________________________________________________________

City, State, Zip: ________________________________

This is to inform you that your participation in the Four-Year Graduation Agreement Program is ended either by your school’s/college’s initiative or your own.

Reasons for Student-Initiated Termination

☐ Student changed major or program precluding four-year completion.
☐ Student chose not to continue in program.
☐ Other (please specify)

Reasons for School/College-Initiated Termination

☐ Student failed to progress according to the terms of the Agreement.
☐ Student failed to maintain minimum GPA required for program.
☐ Student failed to meet with advisor.
☐ Student changed major or program precluding four-year completion.
☐ Other (please specify)

The end of this agreement simply means that you are no longer participating in this program. You can still graduate in four years. There will be no notation of your participation or its termination included in any official academic record.

_________________________________________ Date _________________________

Sarah C. Mangelsdorf
Provost and Vice Chancellor for Academic Affairs
University of Wisconsin-Madison

xc: Advisor, College, Office of the Registrar

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