

**REQUEST TO PARTICIPATE IN COMMENCEMENT CEREMONY
FOR AUGUST GRADUATES ONLY**

This is a request to inform the Registrar's Office that you are interested in participating in the Commencement exercises.

*Please fill out the form completely and submit to the Registrar's Office. Please make sure you obtain a copy of the Commencement Calendar for reference. **This form is not used to apply for graduation.** Please refer to the Schedule of Classes for information on applying for Graduation.*

Student Information

Name

_____ *Please print your name as you would like it to appear in the Commencement Booklet.*

Student Number

Date

Address

City

State

Zip Code

Phone Number

() *Area Code*

Commencement Information

Please check one:

Commencement Ceremony

December _____

April/May _____

Year _____

Anticipated Graduation Date

Degree Information

Please check:

Academic Unit

CASL

EDUC

ENGIN

MGMT

Degree

Major

