

A Unit of the Technical College System of Georgia

## Office of the Registrar

80 Cohen Walker Drive Warner Robins, GA 31088 p: (478) 757-5294 f: (478) 757-3454 e: registraroffice@centralgatech.edu

## PETITION TO PARTICIPATE IN COMMENCEMENT CEREMONY

Complete this form if you have applied to graduate in an associate degree or diploma program and would like to participate in the commencement ceremony, but you are unable to complete the requirements within spring semester of the current graduation year. In order for approval to be considered, you must have only one class left to complete your program (the class must be less than five credit hours), register for that class summer semester, and return this completed form, along with proof of summer semester registration, to the Registrar's Office *no later than five weeks prior to the date of the commencement ceremony*. Your request will be reviewed by the appeals committee and the committee's decision will be sent to your student email account.

Student Information					
Last Name	First Name	Middle	Student ID Numbe	er	
Phone Number		Email Address	Email Address		
Program of Study			a siata Daguag 🗖 Dial	Number of Credits Remaining	
			ociate Degree Dipl	oma	
Class Required to Complete P	rogram			Number of Credit Hours	

Reason for Participation			
Provide the reason(s) for your request to participate in the commencement ceremony:			

I understand that if I am approved to participate in the commencement ceremony, my name will be announced during the ceremony; however, my credential will not be awarded until I have met all program and graduation requirements. I understand that the application fee paid for this current term of graduation will neither be refunded nor applied to a graduation application for a future term.

Student's Signature

Date

FOR OFFICE USE ONLY					
1. Major Requirements Verified: 🗆 Satisfied 🛛 Unsatisfied	Application for credential on file?	□ No			
2. Decision: Approved Denied	Date Application Submitted:				
Advisor's Comments:	Reason for Decision:				
Advisor's Signature:	Date:				
Registrar's Office Signature:	Date:				
VP of Student Affairs' (or Designee's) Signature:	Date:				

Revised 03/26/19