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.

<table>
<thead>
<tr>
<th>Student Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Middle</td>
<td>Student ID Number</td>
</tr>
<tr>
<td></td>
<td>Phone Number</td>
</tr>
<tr>
<td>Program of Study</td>
<td>Associate Degree</td>
</tr>
<tr>
<td></td>
<td>Number of Credits Remaining</td>
</tr>
<tr>
<td>Class Required to Complete Program</td>
<td>Number of Credit Hours</td>
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</table>

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
2. Decision: ☐ Approved ☐ Denied

Advisor’s Comments:

Application for credential on file? ☐ Yes ☐ No
Date Application Submitted:
Reason for Decision:

Advisor’s Signature: ___________________________ Date: ________
Registrar’s Office Signature: ___________________ Date: ________
VP of Student Affairs’ (or Designee’s) Signature: ___________________ Date: ________

Equal Opportunity Institution