

Commencement Participation Appeal Form

PID: _____

Name: _____
 Last First Initial

Address: _____

Telephone: _____ Email: _____

Expected term/year of graduation: _____ Commencement in May _____

Major: _____

Please describe in detail the extenuating circumstances surrounding your request. (Supporting documentation and additional pages may be attached.)

I acknowledge that in order to have my degree conferred I must complete all degree requirements and submit a graduation contract or planning sheet to the Registrar's Office.

Student Signature

Date

Student Printed Name

Office use only:	
Provost approval: _____	Date: _____
Graduation Coordinator approval: _____	Date: _____