

## 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.)

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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: \_\_\_\_\_