



COMMENCEMENT CEREMONY REQUEST NOT TO ATTEND

Please complete the information below and return this form to the Registrar's Office, located in the Fletcher Center for Student Services, prior to April 1st.

PLEASE PRINT:

NAME: _____ ID NUMBER: A _____

I will be graduating: Year: _____ Fall Spring Summer

I will be receiving the following degree(s):

I am requesting permission not to attend Commencement Exercises because:

I attended Commencement Exercises in _____ and will not be attending this year.

Office use only:

Checked Degree Status Student received degree cover # of Covers Received _____

Date: _____ Processed by: _____