Please save this form to a file first before filling



Request to Participate in Commencement (For candidates with grade point averages of 2.000 or higher in the major & overall, who are lacking no more than 6 semester hours)

Student Name (Please Print)	CU Student ID No.
Please provide an address to which we may respond to this request:	
Street Address	CU e-mail address
	oo o man add sas
City State	Zip Code
List requirement(s) missing for graduation (must be no r	nore than six (6) semester hours).
Expected term of participation: June (CL only)	December May
After reading, please initial each of the boxes adjace	ent to the following conditions.
I understand that submission of this form does not guarante informed in writing about the status of my request by the Ro Graduation Auditor (Extended & Graduate Candidates), after my adviser and the dean of my school.	egistrar (Main Campus Candidates) or my
I understand that if my request is approved I will be allowed for the degree I am earning. If approved for participation in Commencement, I understand that I will not be eligible to phave been eligible after having met all graduation requirements.	n the May, June Camp Lejeune, or December participate in any subsequent semester when I wo
I understand that participation includes all appropriate prog	rams and events ancillary to graduation.
I understand that I will not receive a diploma or my tranactually meet graduation requirements. Furthermore, I Graduation at the time I complete said requirements, so	understand that I must re-file an Application
I understand, for the ceremony that I will be participati receive graduation honors for which I may be eligible unapplication. Ranking is not retroactive.	ng in, that I will not be ranked with a class or
If more than <u>six</u> semester hours are missing prior to condisqualified.	nmencement, this petition is automatically
I understand that my Commencement participation request Spring and October 26 for Winter, unless otherwise approvenumber is 910-893-1265; our fax number is 910-893-1260. Monday-Friday.	ed by my Dean & the Registrar. Our telephone
Student Signature	Date
Adviser's Signature	Date
Appropriate Dean's Signature	Date
OFFICE OF THE REGIST	TRAR NOTES
Approved Denied Date:	Continued on reverse side

To be considered for participation in the graduation program, potential candidates must have an adviser approved plan for degree completion:		
For the Candidate: Please explain how and when you propose to complete the missing requirements for graduation:		
Candidate's Signature and	Date	
Adviser's Comments:		
Adviser's Signature and Da	nte	

If there are additional documents relative to this form please attach them and forward them to the Registrar's Office.