

Participation in the Commencement Ceremony Request

Name:		Studen	t ID:
Address:			
City:	State:	Zip: _	
Cell phone number:	Comm	nencement Ceremony:	Year:
Curriculum/Major:			
Reason for Request:			
I expect to complete my f	inal degree requireme	ents by: Semester	Year
Program. You MUST to complete your deg KU Academic Service "Students who intend to p	Complete a Gradua gree requirements. Thes Tile. participate in Commencen quired for their program	he Graduation for the some fore	
For any	questions please see	the Régistrar's Office or	call 610-683-4479
	• •	9	******
This Section for Registra Total Credits Earned	ar's Office Use ONL	Y	Approved
Total Transfer Credits Currently Enrolled Credits Total Credits	S		Denied
Reason:			

Devon Weidenhammer - Degree Auditor

Date