

Samford University

REQUEST TO PARTICIPATE IN THE COMMENCEMENT CEREMONY PRIOR TO COMPLETING DEGREE REQUIREMENTS

This form is for students who wish to march with their class at Commencement while lacking minimal credit toward degree requirements. **It is not for undergraduate students who are lacking the required number of convocation requirements, nor is it for students who have not completed UCCA 102 with a C- or better.** Graduate and Professional schools may have additional requirements.

The deadline for submitting this completed form in time to have your name included in the commencement program is the same as the deadline for withdrawing from a course without academic penalty as stated on the official academic calendar.

Name: _____ Banner SUID. # 9
(Print) (Last) (First) (Middle)

I would like to participate in commencement exercises at the completion of the _____ semester in the year _____. I will complete my remaining requirements during the _____ semester/term. **I understand that my degree will not be posted, nor will I receive a diploma until the next graduation following completion of my remaining requirements. Out of courtesy to my family, I will make them aware of this agreement.** (Note: if you wish to complete your coursework at a school other than Samford University, you must also have a Transient Enrollment Form completed and approved.)

Requirements (must total eight credits or less for undergraduate and pharmacy students, three credits or less for graduate students, and five credits or less for law students) remaining to be completed at the end of the above stated semester:

1. _____ Number of credits _____
Course name, and number (i.e., ACCT 211)
2. _____ Number of credits _____
Course name and number (i.e., MATH 110)

Student's Signature _____ Date _____

Advisor's Verification _____ Date _____

Dean of Student's College Approval _____ Date _____

**Please bring the completed form to the Office of the Registrar located in Samford Hall, Room 214 for consideration of approval by the Registrar.*

*Registrar's Approval _____ Date _____

(For office use only)

UCCA 102 or MCEN 102: Sem. _____ Grade _____

GPA: _____ Incomplete Grade: _____

Convos Remaining: _____

Grad Check Requested: _____ Received: _____

College: _____ Degree: _____ Grad Date: _____

Student's Local Address: _____

Permanent Address: _____

City, State, Zip: _____

Steps Ltr. Mailed: _____ Family Ltr. Mailed: _____

Recorded/List: _____ Degree Audit Notified: _____