

Convocation Record Adjustment Form

Adjustment requests must be submitted *within 30 days of the event* in order to be considered.
No adjustment requests will be accepted from Seniors within two weeks of graduation date.

Name: _____ SU ID: _____

Email: _____ Cell Phone: _____

Classification: _____ Semester/Year you entered Samford: _____

____ There were no scanners present following the event. Did you sign a list? _____

____ My ID card was lost or stolen. When? _____ Date replaced? _____

____ Other: (specify) _____

In the space below, please give a brief description of the event. You must include the date, time, location and title of the program as well as information regarding speakers, facilitators, performers, etc. If possible, you should have the event sponsor verify your attendance (see below). Attach any supporting documentation and return completed form to Burns 203A for consideration.

I attest that the information that I am giving is true and accurate. I understand that submitting false information on this form is a Values Violation and could result in serious disciplinary action.

Student Signature

Date

As a sponsor of this program, I confirm this student's attendance.

Faculty/Staff Signature

Date

For office use: Date Form Received: _____ Person Receiving Form: _____

Notes: