



Graduate School

REQUEST TO PARTICIPATE IN COMMENCEMENT

(Applies only to Master Degree Seeking Students)

INSTRUCTIONS: Complete and sign the first part of this form. This request must be approved by the student's advisor and Graduate Program Director and signed by the Dean of your College. The student will be notified by email or phone by the Department in which he/she is Graduating. **NOTE:** Your name will *not* appear in the program at commencement. The program lists only those students who have completed all Graduation Requirements for that current term. This form does not apply to PhD Students)

(To be completed by the student)

Name: _____ - _____ - _____
Last First M.I. Student Number

Mailing Address: _____
Street Daytime Phone

City State Zip Code

Email: _____

College: _____ Major: _____

I request that I be allowed to participate in the (*circle*) Fall or Spring _____(year) UCCS graduation ceremony and have successfully completed an audit with my advisor. The remaining requirements are listed below. I plan to take the remainder of my courses/Defense (*MASTER STUDENTS ONLY*) the next consecutive semester and graduate. The specific reason for this request is: _____

Student Signature *Date*

(To be completed by an academic advisor)
Based on registration as of _____(date), this student's remaining graduation requirements are:

REQUIRED SIGNATURES FOR APPROVAL:

Academic Advisor

Dean, of College (Ex: LAS, EAS)

Graduate Program Director (Dept)

Program Directors please note that a copy of the completed form *MUST* be sent to Admissions and Records Attn: Marian Harris and also the Dean of the Graduate School Office Attn: KrisAnn McBroom