

PETITION TO PARTICIPATE IN GRADUATE COMMENCEMENT CEREMONY

ACAD-HISTORY-P

Print clearly and use ink (no pencil).

Royal ID	Name
Cell phone #	Scranton Email Address @scranton.edu External Email Address
Permanent Mailing Address and Phone Number	

Please complete all sections below.	
College: <input type="checkbox"/> CAS <input type="checkbox"/> KSOM <input type="checkbox"/> LCHS	Degree/Specialization
Level: <input type="checkbox"/> Graduate	Date of Commencement Ceremony:
Please itemize your plan to complete outstanding degree requirements. Include course number(s), course title(s) credit(s), term(s). All degree requirements must be fulfilled in the summer or fall term immediately following the graduation ceremony.	

By signing below, I confirm that I meet the conditions of the Graduate Walker Policy. I also confirm that I am in good academic and disciplinary standing and I am within 6 academic credits of fulfilling all graduation requirements. Furthermore, I understand that my Dean must approve the plan and that approval, if granted, is contingent upon successful completion of in-progress coursework. I acknowledge that permission to participate in the commencement ceremony is void if all of the aforementioned conditions are not satisfied.

Student Signature	Date
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Signatures			Date
Program Director	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Comments	
Academic Dean	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Comments	

Return completed form to the Office of the Registrar, O'Hara Hall, 2nd Floor.

ORAS Office Use:			
<input type="checkbox"/> SGASTDN	<input type="checkbox"/> SHAGAPP	<input type="checkbox"/> SHADEGR	Initials: _____ Date: _____
			Ver 9/24