

PETITION TO PARTICIPATE IN GRADUATE COMMENCEMENT CEREMONY

ACADHISTORP

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"/> SOM t <input type="checkbox"/> SD	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), and semester(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

--

--	--

S	R	C	Date
P	Not R		
A	Not A		

W