

REQUEST TO GRADUATE IN ABSENTIA

Note: Approval to graduate in absentia will only be granted for extenuating circumstances.

Please check your College/School:

- | | |
|---|--|
| <input type="checkbox"/> College of Arts and Science | <input type="checkbox"/> School of Nursing |
| <input type="checkbox"/> College of Business Administration | <input type="checkbox"/> School of Pharmacy & Health Professions |
| <input type="checkbox"/> University College | <input type="checkbox"/> School of Dentistry |
| <input type="checkbox"/> School of Law | <input type="checkbox"/> School of Medicine |
| <input type="checkbox"/> Graduate School | |

Student Name _____ Student NetID _____

I am requesting to be excused from attending commencement exercises on December 19, 2009

Reason for not attending commencement:

I would like to graduate *in absentia*.

___ I will pick up my diploma at the Registrar's Office.

___ I would like my diploma mailed to me at the following address:

Student Signature

Date

Dean, College/School Approving