

REQUEST TO GRADUATE IN ABSENTIA

Student Name _____ Student NetID _____

College/School:

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

Request:

I ask to be excused from attending the May _____ (year) commencement ceremony and graduate in absentia.

Reason for not attending commencement:

_____ I will pick up my diploma* at the Registrar's Office.
Registrar's Office will call or email when diploma is ready.

Phone#: _____
Email: _____

_____ I would like my diploma* mailed to me.
Diplomas are sent certified mail (receipt signature required) and therefore P O Boxes are undeliverable; please use a physical address.

Address: _____

City: _____
State or Province: _____
Zip or Postal Code: _____
Nation (if outside U.S): _____

**Diplomas are released only after all academic and financial obligations have been met.*

Student Signature

Date

Please take to Dean's Office for approval.

*****FOR OFFICE USE ONLY*****

Approval to Graduate in Absentia:

Dean, College/School

Date