Please save this form to a file first before filling it in.

CAMPBELL UNIVERSITY

Request to Participate in Commencement

(For candidates with grade point averages of 2.000 or higher in the major & overall, who are lacking no more than 6 semester hours)

Student Name (Please Print) _____ CU Student ID No. _____

Please provide an address to which we may respond to this request:

Street Address _____ CU e-mail address _____

City _____ State _____ Zip Code _____

List requirement(s) missing for graduation (must be **no more than six (6) semester hours).**

_____

Expected term of participation: **June (CL only)** ☐ **December** ☐ **May** ☐

After reading, please initial each of the boxes adjacent to the following conditions.

☐ I understand that submission of this form does not guarantee the request to participate will be granted. I will be informed in writing about the status of my request by the Registrar (Main Campus Candidates) or my Graduation Auditor (Extended & Graduate Candidates), after my request has been evaluated and reviewed by my adviser and the dean of my school.

☐ I understand that if my request is approved I will be allowed to participate in only **one** Commencement program for the degree I am earning. If approved for participation in the May, June Camp Lejeune, or December Commencement, I understand that I will not be eligible to participate in any subsequent semester when I would have been eligible after having met all graduation requirements.

☐ I understand that participation includes all appropriate programs and events ancillary to graduation.

☐ **I understand that I will not receive a diploma or my transcript will not reflect a degree earned, until I actually meet graduation requirements. Furthermore, I understand that I *must* re-file an Application for Graduation at the time I complete said requirements, so that a correct diploma may be issued to me.**

☐ **I understand, for the ceremony that I will be participating in, that I will be not be ranked with a class or receive graduation honors for which I may be eligible *until* I complete all requirements and re-file my application. Ranking is not retroactive.**

☐ **If more than *six* semester hours are missing prior to commencement, this petition is automatically disqualified.**

☐ I understand that my Commencement participation request must be received by the Registrar by March 26 for Spring and October 26 for Winter, unless otherwise approved by my Dean & the Registrar. Our telephone number is 910-893-1265; our fax number is 910-893-1260. Our normal office hours are 8:30 am -5:00 pm Monday-Friday.

_____ _____
Student Signature Date

_____ _____
Adviser's Signature Date

_____ _____
Appropriate Dean's Signature Date

OFFICE OF THE REGISTRAR NOTES

☐ Approved ☐ Denied Date: _____

Continued on reverse side

To be considered for participation in the graduation program, potential candidates must have an adviser approved plan for degree completion:

For the Candidate: Please explain how and when you propose to complete the missing requirements for graduation:

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Candidate's Signature and Date

Adviser's Comments:

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Adviser's Signature and Date

If there are additional documents relative to this form please attach them and forward them to the Registrar's Office.