

# STUDENT REQUEST TO PARTICIPATE IN GRADUATION CEREMONY



registrar@txwes.edu

## I. STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Degree(s) Sought: \_\_\_\_\_ School: \_\_\_\_\_

## II. REASON FOR PARTICIPATION IN GRADUATION

Briefly describe the non-academic reason that prevented your completion of all degree requirements by your graduation date.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## III. UNDERGRADUATE CRITERIA (SUMMER GRADUATES ONLY)

To be eligible to participate in the Spring ceremony, students need to be within 8 credit hours of completing graduation requirements and have a cumulative 2.0 GPA along with any additional GPA requirements required by the program of study at the time of the petition.

UG Course Lacking	Estimated Completion Date	Applies To				
		<input type="checkbox"/> GEC	<input type="checkbox"/> Related Req.	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective
		<input type="checkbox"/> GEC	<input type="checkbox"/> Related Req.	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective
		<input type="checkbox"/> GEC	<input type="checkbox"/> Related Req.	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Elective

## IV. GRADUATE CRITERIA

School	Program	Requirements	Meets Req(s)
Business	All	May have no greater than 6 credit hours remaining for degree completion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	All	No additional requirements	
Health Professions	Counseling	MFT Doctoral students must have completed their dissertation & plan to defend within 3 weeks of ceremony	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professions	GPNA	Must be scheduled to complete clinical residency within 3 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professions	FNP	Must be scheduled to complete scholarly project within 3 months	<input type="checkbox"/> Yes <input type="checkbox"/> No

## V. REQUIRED SIGNATURE

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VI. DEAN/PROGRAM DIRECTOR APPROVAL

Action:  Approved  Denied

Dean/Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Denied Reason: \_\_\_\_\_

## VII. FINAL APPROVAL (IF APPLICABLE)

Action:  Approved  Denied

Provost/Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office of Student Records Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_