STUDENT REQUEST TO PARTICIPATE IN GRADUATION CEREMONY



registrar@txwes.edu

| I. STUDENT INFORMATION | | | | | | | | | |
|---|---|---|--|---------------|--|-------------------|---------------|--------------|--|
| | | | | Student ID: | | | | | |
| Name: Phone Number: | | | | | _ | | | | |
| | | | | | E-mail: School: | | | | |
| Degree(s) Sought: | | | | | <u></u> | | | | |
| II. REASON FOR PARTICIPATION IN GRADUATION | | | | | | | | | |
| Briefly describe the non-academic reason that prevented your completion of all degree requirements by your graduation date. | | | | | | | | | |
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| _ | | | | | | | | | |
| III. | UNDERGRADUATE CRI | TERIA (SUMMI | ER GRADUATES | ONLY) | | | | | |
| | be eligible to participate ir | | | | | | | | |
| cur | nulative 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 Co | ompletion Date | | | Applies To | | | |
| | | | | ☐ GEC | ☐ Related Req. | ☐ Major | ☐ Minor | ☐ Elective | |
| | | | | ☐ GEC | ☐ Related Req. | ☐ Major | ☐ Minor | ☐ Elective | |
| | | | | ☐ GEC | ☐ Related Req. | ☐ Major | ☐ Minor | ☐ Elective | |
| IV. | GRADUATE CRITERIA | | | | | | | | |
| Γ | School | Program | | | Requirements | | | Meets Req(s) | |
| | Business | All | May have no gre | ater than 6 o | credit hours remainin | g for degree co | mpletion | ☐ Yes ☐ 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 | | | | | ☐ Yes ☐ No | |
| | Health Professions | Professions GPNA Must be scheduled to com | | | omplete clinical residency within 3 months | | | ☐ Yes ☐ No | |
| | Health Professions | FNP | Must be schedul | ed to comple | ete scholarly project v | within 3 months | 5 | ☐ Yes ☐ No | |
| ٧. | REQUIRED SIGNATURE | | | | | | | | |
| I understand that participation in the graduation ceremony does not mean a diploma will be awarded at that time. Conferral of | | | | | | | | | |
| de | gree and diploma issuin | g will only be o | completed after a | all degree r | equirements have l | peen met. | | | |
| Stu | dent Signature: | | | | | Date: | | | |
| VL | DEAN/PROGRAM DIRE | CTOR APPROV | /AI | | | | | | |
| | | | | | | | | | |
| Action: | | | | | | | | | |
| | | iture: | | | | Date: | | | |
| De | nied Reason: | - | | | | | | | |
| | . FINAL APPROVAL (IF A | | | | | | | | |
| AC1 | :ion: ☐ Approv | red □ Denied | | | | | | | |
| Pro | ovost/Vice President Signa | ture: | | | | Date: | | | |
| | | | | | | | | | |
| | | | | | For Office | of Student Record | ts I Isa Only | | |

Processed by: _

Date:_