

REQUEST TO PARTICIPATE IN COMMENCEMENT CEREMONY

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: reg_ops@uml.edu

This request form is for undergraduate students and graduate master's students who wish to participate in this year's Commencement Ceremony due to **Special Circumstances**. Prior to approval, graduate master's students anticipated to graduate must be applied for summer graduation and registered for summer courses.

Last Name First Name MI

SIS ID Telephone

UML Email Personal Email

Program Commencement Year

Required: Explain in detail your special circumstances:

Date

Student Signature

Chair/Coordinator or Dean's signature is required prior to final submission to the Registrar's Office.

Approved Denied Chair/Coordinator/Dean

Date

Signature

For Office Use Only:

Doc Type: CMNC Participation Request LSR

Processor Name Date Verifier 1 Name

Imager Name Date Verifier 2 Name Effective Term