



Office of the Registrar - Graduation Unit  
Colston Hall, Room 513  
2155 University Avenue  
Bronx, NY 10453  
T: 718-289-5710 / F: 718-289-6308

**REQUEST TO PARTICIPATE IN THE  
2024 COMMENCEMENT CEREMONY  
WITH ONE OUTSTANDING COURSE TO COMPLETE DURING THE SUMMER SESSION**

EMPLID: \_\_\_\_\_

For Office Use Only  
First Semester: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**\*\* PLEASE ATTACH A COPY OF YOUR *DEGREEWORKS* AUDIT  
BEFORE SUBMITTING THIS FORM TO THE REGISTRAR'S OFFICE. \*\***

Expected Date of Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Plan/Subplan: \_\_\_\_\_

Degree: \_\_\_\_\_

Course Still Needed: \_\_\_\_\_

- ◆ *I understand that a Preliminary Degree Audit will be prepared to determine whether I can participate in the Commencement Ceremony, and the Graduation Unit will notify me regarding my graduation status.*
- ◆ *My participation in the Commencement Ceremony does not imply that I have met the degree requirements and my diploma will not be awarded until all requirements are met.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduation Unit  
Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

☐ Approved

☐ Not Approved