



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