

**Application to Participate in Commencement Exercises
In a Term Other than the Degree Completion Term**

Student name: _____ WID: _____

Phone number: _____ Email: _____

Anticipated term of degree completion: (circle one) Fall Spring Year: _____

Term of requested commencement participation: (circle one) Fall Spring Year: _____

Reminder: Summer graduates need not complete this form.

Number of credit hours in which you are currently enrolled: _____

Number of anticipated credit hours remaining to complete degree at the time of requested commencement (excluding current enrolled hours): _____

Please clearly explain why you will not be able to participate in commencement during the term of your degree completion. Note: If this involves a medical condition or family emergency, please add supporting documentation to verify the situation.

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Return completed application to the Ag Student Records Office (agrecords@ksu.edu).

For Ag Academic Programs use only:	
Approved Denied	
Student Records: _____	Date: _____
Assistant Dean: _____	Date: _____