

# REQUEST TO PARTICIPATE IN COMMENCEMENT

*(Applies Only to Master's Degree Seeking Students)*

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**INSTRUCTIONS:** Complete and sign the first part of this form.

This request must be approved by the student's advisor and Graduate Program Director and signed by the Dean of your College. The student will be notified by email or phone by the Department in which he/she is graduating.

**NOTE:** Your name will *not* appear in the program at commencement. The program lists only those students who have completed all Graduation Requirements for that current term. This form does not apply to PhD Students

(To be completed by the student)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Email: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ College: \_\_\_\_\_ Program: \_\_\_\_\_

I request that I be allowed to participate in the \_\_\_\_\_ (Fall/Spring & Year) UCCS Graduation ceremony and have successfully completed an audit with my advisor. The remaining requirements are listed below. I plan to take the remainder of my courses/defense (MASTER'S STUDENTS ONLY) the next consecutive semester and graduate. The specific reason for this request is:

(To be completed by an academic advisor)

Based on registration as of \_\_\_\_\_ (date), the remaining graduation requirements for this student are:

## REQUIRED SIGNATURES FOR APPROVAL:

Academic Advisor: \_\_\_\_\_

Graduate Program Director (Department): \_\_\_\_\_

Academic College Dean: \_\_\_\_\_

Program Directors please note that a copy of the completed form **MUST** be sent to the Office of the Registrar, Attn: [registrar@uccs.edu](mailto:registrar@uccs.edu) AND the Graduate School Office, Attn: [graddocs@uccs.edu](mailto:graddocs@uccs.edu)