

Undergraduate Students: Please return this signed form to the Registrar's Office, AQU 106

APPLICATION to Participate in Undergraduate Commencement
~EXCEPTION REQUEST~

For students with 8 or fewer credits to complete

UST ID: 100 _____ UST Mailbox# _____

Name: _____
First (please print) Middle Last

Phone # _____ UST Email: _____@stthomas.edu

Please list your 8 or fewer credits / degree requirements:

a. _____ b. _____ c. _____ d. _____

Which Commencement Ceremony do you want to participate in?

(check one)

December / Winter _____

May / Spring _____

Office Use Only:	Reviewed by: _____
Degree Evaluation reviewed date:	_____
Approved for Participation:	___ Yes ___ No
Sent email notification to student:	___ Yes ___ No
Date email sent:	_____

Optional: Print your name phonetically if it is easily mispronounced:

*** Commencement details may be found at: www.stthomas.edu/commencement ***

APPLICANTS: Please read and sign below so your *EXCEPTION Request* can be processed

If you have filed an order prohibiting the university from disclosing any information about you, the university is prohibited from placing your name or other information about you on the commencement program, which will preclude your participation in commencement. If you have filed such an order and you wish to participate in commencement you must initial one of the boxes below. You are encouraged to release the university from all non-disclosure orders which have been in effect when you were a student. If you leave these non-disclosure orders in place, the university may be unable to publish or otherwise release information which will be important to you as a graduate to prospective employers, graduate schools, and other parties. Any non-disclosure order you have filed will remain in place until you request its removal in writing. If you request its removal after you are no longer a student it can not be reinstated.

If you sign this application without marking one of the boxes below, the university will remove all non-disclosure orders you previously filed. If you authorize the removal of an order, but you have no order in place, your authorization will have no effect. You may not place a non-disclosure order by using this form.

Initials	* I herewith authorize the release of all non-disclosure orders I have filed with the university.
Initials	* I want to participate in commencement ceremonies and herewith consent to the release of my name and other commencement-related information about me for the purposes of commencement-related activities and publications only.
Initials	* I do not want to participate in commencement and I want to leave all non-disclosure orders in place.

Student Signature

(Required): _____

Date Signed: _____