

**REQUEST TO GRADUATE IN ABSENTIA**

**Student Name** \_\_\_\_\_ **Student NetID** \_\_\_\_\_

**College/School:**

- |  |  |
|--|--|
| <input type="checkbox"/> College of Arts and Science     | <input type="checkbox"/> College of Nursing                      |
| <input type="checkbox"/> Heider College of Business      | <input type="checkbox"/> School of Pharmacy & Health Professions |
| <input type="checkbox"/> College of Professional Studies | <input type="checkbox"/> School of Dentistry                     |
| <input type="checkbox"/> School of Law                   | <input type="checkbox"/> School of Medicine                      |
| <input type="checkbox"/> Graduate School                 |  |

**Request:**

I ask to be excused from attending the May \_\_\_\_\_ (year) commencement ceremony and graduate in absentia.

Reason for not attending commencement:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I will pick up my diploma\* at the Registrar's Office.  
*Registrar's Office will call or email when diploma is ready.*

Phone#: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_ I would like my diploma\* mailed to me.  
*Diplomas are sent certified mail (receipt signature required) and therefore P O Boxes are undeliverable; please use a physical address.*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State or Province: \_\_\_\_\_  
Zip or Postal Code: \_\_\_\_\_  
Nation (if outside U.S): \_\_\_\_\_

*\*Diplomas are released only after all academic and financial obligations have been met.*

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

**Please take to Dean's Office for approval.**

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

*Approval to Graduate in Absentia:*

\_\_\_\_\_  
**Dean, College/School** \_\_\_\_\_  
**Date**