

Registrar's Office - CE 2 FORM



INTENTION NOT TO PARTICIPATE IN THE COMMENCEMENT EXERCISES

This form must be filled by **JUNE 2011** graduates who opt **not to attend** the Commencement Exercises.

Name _____ ID # _____

Faculty

FAFS	<input type="checkbox"/>	FAS	<input type="checkbox"/>	FEA	<input type="checkbox"/>	FHS	<input type="checkbox"/>	SOB	<input type="checkbox"/>
FM	<input type="checkbox"/>	Nursing	<input type="checkbox"/>						
BA	<input type="checkbox"/>	MPH	<input type="checkbox"/>	BEN	<input type="checkbox"/>	MEM	<input type="checkbox"/>	BBA	<input type="checkbox"/>
BS	<input type="checkbox"/>	MSES	<input type="checkbox"/>	BARCH	<input type="checkbox"/>	BSN	<input type="checkbox"/>	MBA	
MA	<input type="checkbox"/>	TD	<input type="checkbox"/>	BFA/GRD	<input type="checkbox"/>	MSN	<input type="checkbox"/>	EMBA	
MS	<input type="checkbox"/>		<input type="checkbox"/>	MEN	<input type="checkbox"/>	MD	<input type="checkbox"/>		

I do **not** wish to participate in the Commencement Exercises that are scheduled to be held on **June 25, 2011** and I accept to receive my diploma at the Office of the Registrar at a later date (at least 2 weeks after graduation ceremony). I waive my right to have a place reserved for me in the Commencement Exercises.

Student's Signature _____ Date _____

This form must be submitted to Mrs. Rola Badreddine at the Office of the Registrar **not later than June 3, 2011.**

Registrar's Office use

Received by _____ Date _____
(Name & Signature)