



SOUTHEASTERN LOUISIANA UNIVERSITY

REQUEST TO PARTICIPATE IN GRADUATION CEREMONY

Student Name: _____ W#: _____

Requested Semester: _____ Year: _____

Major: _____

Student GPA: _____ Student Classification: Undergraduate Graduate

Reason for Request:

If approved, I understand that in order to receive my degree, I must return to Southeastern Louisiana University and fulfill all degree requirements as stated in the university catalog. I further understand that until I have completed all the requirements, I will not receive my diploma and that I cannot represent myself as a graduate. **Additionally, given that honors designations can only be conferred after all my graduation requirements have been met, I am waiving all honors recognition by participating in an earlier ceremony.** All undergraduate honors earned after all requirements have been met and all grades have been calculated will be sent via mail.

Student Signature

Date

Approve

Deny

Dean Signature

Date