LATE GRADUATION APPLICATION

The University of Akro Office of the University Regis		I plan to graduate (check on Fall 20 (Dece Spring 20 (May on Summer 20 (Aug	mber ceremony) ceremony)
anticipated successful con	mpletion of all degree requir	DARS must indicate the success rements (excluding the Final 32 of A or outstanding parking or librar	Credits in Residence) and
Please type or print legibly all	requested information.		
Last Name	First Name	Middle Initial	Student ID Number
Daytime Telephone number:	Email Address:	,	
Degree/Major Plan Code	Degree Abbreviation Degr	ree/Major Plan Description	
 Correspondence: All correspondence: All correspondence Commencement Participation degree for which you are apply Commencement Program: Togeneral release of directory in commencement program, ple 	ying in order to march in the comm The University of Akron will print Information with the Office of the ase mark (X) this box Due		cated. gram even if you have restricted the sh to have your name printed in the e for your name to be printed in the
, ,	•	ergraduate/Law) or Graduate Sc	,
	ived permission to turn in a la ned in within 5 working days o	te graduation application form for of date below to remain valid.	theCommencement.
Date	Dean		Dean's Signature

This form can not be processed without your Dean's signature.

Rev 6-10-13