Commencement Participation Waiver

Last Name, First Name

DEADLINE: Students may submit this form only after applying for August graduation by February 15.

ELIGIBILITY: Please review the checklist below; If you cannot check "yes" for every box you are not eligible to request participation in Commencement and should not submit this form.

Yes / No	I have applied for August graduation.
Yes / No	I understand that I am an August graduate, since Latin honors are not conferred until degrees are earned, there will be no Latin honors noted in the program for students participating in Commencement before degree completion. I also understand that I will not receive my diploma until I have completed all graduation
Yes / No	Part of a professional program (OTD, PA, Pharmacy) that completes in August and wish to participate in the commencement prior to completion.
OR	
Yes / No	Undergraduate students within two courses of graduation may request permission to participate in the May Commencement ceremony if they meet the criteria below. I will have no CLEP, Excelsior, challenge exam, or petition credits pending at the end of the fall semester. (Students seeking credit through CLEP, Excelsior College Examinations, Notre Dame challenge exams, or petitioning for credit must provide documentation of successful completion of these credits before the end of the fall semester preceding Commencement). I have all transcripts from courses taken at other institutions on record at Notre Dame, or I have no transfer credits from another institution. I am in good academic standing (at least 2.0 cumulative GPA). Current GPA: _____ I have two or less courses remaining to complete my degree. My remaining coursework can be completed at Notre Dame of Maryland University in time to fulfill requirements for August graduation. List remaining courses and when they will be offered at Notre Dame. Course Name :_____ Course Name :_____

Student's signature_____Date_____

Advisor's signature_____Date_____

SUBMIT THIS FORM TO : Associate Vice President for Academic Affairs -

Office Use Only

Associate Vice President for Academic Affairs signature_____Date_____