

NORTHWEST CHRISTIAN UNIVERSITY

Office of the Registrar

PETITION TO PARTICIPATE IN GRADUATION CEREMONIES

Name: _____

Date: _____

E-mail: _____

Phone: _____

Anticipated Graduation Date: _____

Academic Major or Program: _____

Please describe the reasons you believe you should be allowed to walk during graduation ceremonies this academic year.

If approved, I understand that my degree will not be conferred until all academic and financial requirements are met.

Signature

Date

Advisor Approval

Date

Date received _____ By _____

Reviewed by _____

Approved _____ Denied _____ Date _____