

# REQUEST TO PARTICIPATE IN COMMENCEMENT CEREMONY

OFFICE OF THE REGISTRAR  
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Request for a student to participate in this year's Commencement Ceremony due to **special circumstances** is for graduate master's students anticipated to complete degree requirements during the summer semester and undergraduate students only.

Last Name  First Name  MI

SIS ID  Telephone

UML Email  Personal Email

Program  Commencement Year

Explain in detail your special circumstances:

**Prior to approval, master's students anticipated to graduate in the summer semester must be applied for summer graduation and registered for summer courses.**

Date

\_\_\_\_\_  
Student Signature

**Chair/Coordinator or Dean's signature is required prior to final submission to the Registrar's Office.**

Approved  Denied Chair/Coordinator/Dean

Date

\_\_\_\_\_  
Signature

**For Office Use Only:**

Doc Type: CMNC Participation Request LSR

Processor Name  Date  Verifier 1 Name

Imager Name  Date  Verifier 2 Name  Effective Term