

Commencement Participation Application for Graduate Students

. Student Inform	nation:				
Name			Date	Date	
Longwood ID (L#)			Program		
•	urse(s) Registered Fo		sfully completed will a	illow them to graduate by	
	-	participate in the May co		= :	
CRN	Subject	Number	Credits	Term	
	orior to my registration fo				
Transfer Credi College or Univ	· · · · ·	quirements at another in	stitution)		
College of Office	Versity				
Cubiost	Number	Crodita			
Subject	Number	Credits			
I have at	tached both a proof of m	y registration from the sc	hool of transfer, and th	e Transfer	
Credit A	uthorization required by I	ongwood University and	College of Graduate an	d Professional Studies.	
Approvals: (Re	turn form to the Registra	r's Office in Brock Hall)			
Student Signat	uro /alastronia signatura	os are not accented)	Data		
Student Signat	ure (electronic signature	es are not accepted)	Date		
Registrar's Off	ice Signature	Date	Date		

NOTE: To have your name published in the Commencement program, this form and all required documentation must be submitted and approved by 5pm, April 10th.