

**GRADUATE REQUEST TO PARTICIPATE IN
COMMENCEMENT CEREMONY**

OAKLAND UNIVERSITY
GRADUATE STUDY AND
LIFELONG LEARNING
520 O'Dowd Hall
Rochester, MI 48309-4401
Phone: 248-370-4156
Fax: 248-370-2566

Submit completed form to Graduate Study and Lifelong Learning, 520 O'Dowd Hall

Instructions: This form is to be used only by students who are requesting to participate in a commencement other than the ceremony assigned to their term of graduation. Winter and Spring graduates commence in May. Summer and Fall graduates commence in December.

*****Please note that participation in the commencement ceremony does not guarantee approval for graduation.*****

To be completed by the Student:

Please consider this as my request to participate in the commencement ceremony to be held in:

May of _____ (year)

December of _____ (year)

Have you applied to graduate? Yes No

What term have you applied for? Fall (Dec.) _____ Winter (Apr.) _____ Spring (Jun.) _____ Summer (Aug.) _____

Name: _____ Grizzly Number: _____

Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____ Daytime Phone: _____

Program:	
Concentration:	
Complete Name of Degree:	

Comments: _____

Student Signature _____

Date _____

To be completed by Academic Adviser:

I recommend that the request be Approved Denied

Comments: _____

Name (print or type): _____

Signature: _____ Date: _____

To be completed by Department Chair:

I recommend that the request be Approved Denied

Comments: _____

Name (print or type): _____

Signature: _____ Date: _____

To be completed by Graduate Study and Lifelong Learning:

Approved Denied

Comments: _____

Director/Representative of Graduate Study: _____ Date: _____

Copies: Approved copy to Office of the Provost

**OAKLAND UNIVERSITY
GRADUATE COURSE ACTION FORM**

<input type="checkbox"/> New Course Approval	<input type="checkbox"/> Deactivate Course
<input type="checkbox"/> Name Change	<input type="checkbox"/> Description Change
<input type="checkbox"/> Credit Change	<input type="checkbox"/> Reg. Restriction Change
<input type="checkbox"/> Prerequisite Change	<input type="checkbox"/> Course Repeat Change
<input type="checkbox"/> Corequisite Change	<input type="checkbox"/> Continuing Ed Course
<input type="checkbox"/> Course Type Change	<input type="checkbox"/> Non-degree Course
<input type="checkbox"/> Grading System Change	<input type="checkbox"/> Competency Credit

Date:

Course Rubric/Number:

Effective Term:

Course Name:

Abbreviation of Course Name (for Banner):

School:	Credit hours:
Division:	
Department:	

Course Type:	Grading System:	<input type="checkbox"/> Audit
Classroom Reservation: <input type="checkbox"/>	<input type="checkbox"/> Standard Numeric	<input type="checkbox"/> Standard Numeric with Progress
	<input type="checkbox"/> Satisfactory/Unsatisfactory	
	<input type="checkbox"/> Satisfactory/Unsatisfactory with Progress	

Prerequisite(s):	
Corequisite(s):	Equivalent Courses: Cross Listing:

Description (limit to 50 words):

Registration Restrictions:	
School:	Major:
Degree:	Level:

Course may be repeated for grade for additional credit* no repeats permitted

* If the course has a fixed credit amount, indicate the number of times the student can take it for credit. If the course has a variable credit amount, indicate the total number of credits the course can be taken for.

Rationale for addition or change:
Previous course number, title, rubric and credits:

Submitted by _____ Dated: _____

Recommended for approval by _____ Dated: _____

GCOI or Graduate Study Committee Signature _____ Dated: _____

_____ Approved _____ Denied _____ Delayed _____

Director of Graduate Study _____ Date _____ Date entered in Banner _____ Date sent to Registrar _____

Revised: December 2006 (Office of Graduate Study, X3159)