The Commencement Participation Request Form is for students who wish to participate in the Commencement ceremony even though their degree will be officially conferred during the following term. This is not a Graduation Application. The student will still need to apply for graduation.

**Policy on Commencement Participation**

In order to participate in Commencement, a student must:

- be enrolled in all remaining required courses by the last day to add/drop a course for that semester;
- have the minimum cumulative GPA required for the respective major;
- have satisfied the senior comprehensive exam/portfolio requirement; and
- have exited or are on track to exit University College (predicated on courses currently enrolled).

A student who fails or withdraws from one required course (a lecture with a concurrently required lab constitutes one course for the purpose of this policy) during that last semester may be allowed to participate in Commencement.

Grades from institutions other than the University of Arkansas at Pine Bluff may not be available in time to confirm participation eligibility. Students approved to enroll at another institution must submit an official transcript to the Registrar’s Office at least five business days prior to Commencement. CLEP scores must be received in the Registrar’s Office at least five business days prior to Commencement.

**Disclaimer**: Participation in Commencement Exercises is not a conferral of degree. The degree will be conferred at the conferment following the completion of all requirements and not before.

Consideration is given for students in the Spring term with outstanding requirements only if those requirements will be completed by the end of the summer term or if the requirements are less than full-time for the following Fall term.

I, ____________________________ (Printed Name) ___________________ (Student ID) wish to participate in Commencement. My outstanding requirements are:


The requirements will be fulfilled by the end of the following date or term: __________________________

Your signature below is endorsement of this student’s request.

Student/Date ____________________________ / __________

Academic Advisor/Date ____________________________ / __________

Departmental Chairperson/Date ____________________________ / __________

Academic Dean/Date ____________________________ / __________

Provost and Vice Chancellor for Academic Affairs/Date ____________________________ / __________