



for students with more than 8 credits remaining for degree completion

Incomplete forms will not be reviewed.

Name	6 W 7 K R P D V , '	Major(s)
St. Thomas E-Mail Address	Preferred Phone	
Commencement Month and Year 0 D \	Today's Date	

Why are you requesting participation in this commencement ceremony?

(continue to next page)

What is your plan for finishing your coursework for degree completion? Fill in the table below.

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(M bM JdM Jcd-d aMFda)ba.adSdc?E,D dou are ,ba.JalWS;Eaa.S.-'d			