

**BREVARD COLLEGE – GRADUATE PROGRAMS**  
*Request to Participate as a Summer Candidate - Commencement Exercises*

Name of Student \_\_\_\_\_  
(Please Print Name)

Brevard College ID: \_\_\_\_\_

Campus Box \_\_\_\_\_ Telephone \_\_\_\_\_ None Campus E-mail Address \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Major \_\_\_\_\_ Degree Expected \_\_\_\_\_

**I plan to complete all degree and program requirements no later than \_\_\_\_\_.** I am within eight (8) semester hours of satisfying all degree and program requirements with the following course(s):

\_\_\_\_\_ At Brevard College: an internship, practicum, student teaching, satisfying all degree and program requirements.  
Attach any necessary documentation (i.e. Internship/Practicum Form, Independent Study Form, etc.)

Course Prefix and Number	Hours

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM WITH THE REQUIRED SIGNATURES NO LATER THAN April 10.**

- **by mail to:** Office of the Registrar  
Brevard College  
One Brevard College Drive  
Brevard, NC 28712
- **by personal delivery to:** Office of the Registrar  
Beam Administration Building
- **by EMAIL to:** 828.641.0390; ATTN: Quintin Overocker, Registrar / [registrar@brevard.edu](mailto:registrar@brevard.edu)

Date Received in the Office of the Registrar \_\_\_\_\_ Date Processed \_\_\_\_\_