

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

Date Received in the Office of the Registrar _____ Date Processed _____