

**BREVARD COLLEGE**

***Request to be Excused from Participation in the  
Spring Commencement Exercises***

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

Brevard College ID or Social Security #: \_\_\_\_\_

Campus Box \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (none campus email)

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

Course-work  
\_\_\_\_\_ is in progress \_\_\_\_\_  
(Month/Year)  
\_\_\_\_\_ has been completed \_\_\_\_\_  
(Month/Year)

I am unable to attend the commencement exercises at Brevard College on \_\_\_\_\_  
(Date of Commencement Exercises)  
for the following reason.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**RETURN THIS FORM**  
**by mail to:**  
Amy E. Hertz, Registrar  
Office of the Registrar  
Brevard College  
One Brevard College Drive  
Brevard, NC 28712  
**by personal delivery to:**  
Amy E. Hertz, Registrar  
Beam Administration Building  
**by FAX or EMAIL to:**  
828.884.3790; ATTN: Amy E. Hertz, Registrar / [Registrar@brevard.edu](mailto:Registrar@brevard.edu)

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