

BREVARD COLLEGE

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

Name of Student: _____
(Please Print Name)

Brevard College ID: _____

**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 to the Office of the Registrar

- Beam Administration Room 105
- By email (from your Brevard College email address) to registrar@brevard.edu

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