

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

Date Received in the Office of the Registrar Date Processed