

BREVARD COLLEGE

Request to Participate as a Summer Candidate - Commencement Exercises

Name of Student _____
(Please Print Name) BC ID# _____

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 the following institution: _____.

Course Prefix and Number	Hours

NOTE: The student is responsible for completing and returning the Transient Permission form to the Registrar's Office **prior** to registering for courses at another institution. The student is also responsible for requesting an official transcript to be sent to Brevard College when the coursework is completed.

_____ At Brevard College: an internship, practicum, student teaching, satisfying all degree and program requirements.

Course Prefix and Number	Hours

Signature of Student Date

Signature of Advisor Date

Return this form with the required signatures no later than April 1.

- Office of the Registrar, Beam Administration Building
- by email to registrar@brevard.edu

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