



Signature of the advisor and chair signify that the student's Plan of Study is feasible and acceptable to the student's major department.

\_\_\_\_\_  
Faculty Advisor (name)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Department Chair (name)

\_\_\_\_\_  
Chair Signature

- Upon filing this form, I understand that I will be included in Commencement-related mailings; **THIS DOES NOT CONSTITUTE APPROVAL.**
- I understand that my records will be reviewed by the Registrar's Office to verify my status for walking at Commencement, and that I will be notified of eligibility approval or denial.
- I further understand that all such approvals are **TENTATIVE**, pending meeting the above requirements at the time of the ceremony.
- I understand that if I am not eligible at the time of the ceremony, I will be notified by Registrar Personnel by phone **OR** by Daemen email.
- Since no degree is being conferred for walkers at the time of the ceremony, no honors will be noted. **I FURTHER UNDERSTAND THAT AN APPROVED APPLICATION DOES NOT CONSTITUTE GRADUATION/DEGREE CONFERRAL**; rather, it only permits walking in a ceremony.

I have read, understand and agree to all risks and terms specified: \_\_\_\_\_  
Student Signature (REQUIRED) Date

**\*MAKE A COPY OF THIS FORM FOR YOUR RECORDS PRIOR TO SUBMITTING IT TO THE REGISTRAR'S OFFICE.**

**\*IF THIS APPLICATION IS APPROVED, IT WILL BECOME YOUR APPLICATION FOR DEGREE FOR YOUR INDICATED ANTICIPATED COMPLETION DATE. COMPLETE THE FOLLOWING:**

DEGREE: Check one:     BACHELOR                       MASTER                       DOCTORATE                       BACHELOR AND MASTER  
MAJOR/PROGRAM: \_\_\_\_\_

I am a graduate student in the Canadian Scholars weekend program

**DESIGNATE BELOW WHERE YOUR DIPLOMA SHOULD BE MAILED: (IF YOU CHANGE YOUR DIPLOMA MAILING ADDRESS, YOU MUST NOTIFY THE REGISTRAR'S OFFICE)**

\_\_\_\_\_  
Apt/PO Box/Street Address                      City                      State                      Zip

<b>For Registrar's Office use only:</b>	
_____ Tentatively Approved	_____ Denied
_____ Change of status -see AFD	Move to ___/___ Mo/Yr
_____ Evaluator Initials.	