

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

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