

Absence from Commencement Request Form

This form must be submitted to the Department Chair at least 30 calendar days prior to the commencement date, unless the reasons for requesting the absence are due to emergency or safety considerations. If the request is due to an emergency or safety consideration, the request should be submitted as soon as the requester becomes aware of the need for an excused absence.

Faculty and Commencement Information	
Faculty First Name:	Faculty last Name:
Faculty Rank:	Faculty ID number:
Department:	Commencement Date:
Reason(s) for requesting absence from the commencement:	
Employee Signature	Date
Department Chair Recommendation	
Recommend for approval Not	recommended for approval
Comments:	
Chair Signature	Date
	Determination
Approve Disa	pprove
Comments:	