



PETITION TO GRADUATE – SPLE Certificate Programs

INSTRUCTIONS: This form is to be completed by all students who wish to complete their program in Fall, Spring, or Summer. **Students must submit this form by the first day of the semester in which they intend to graduate.**

Last Name

First Name

MI

Student ID #:

USML Email:

Preferred name on Diploma:

Proposed completion term of all program requirements Fall ☐ Spring ☐ Summer ☐

Proposed completion year – 20_____

PROGRAM INFORMATION:

Program _____ Certificate Sought: _____

Will you be present at the commencement ceremony? Yes ☐ No ☐

Note: \$100 Commencement/Graduation Fee is applied to the Invoice of all graduating students.

Signature: _____ Date: _____

Submit the completed form to your Program Lead

FOR OFFICE USE

Approval:

Program Lead Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Registrar Signature: _____ Date: _____