COMMENCEMENT ATTENDANCE REQUEST
(For NON-GRADUATING SENIORS who are within one semester of degree completion)

Student Name: _____________________________________________________
Student PSU ID Number: _____________________________________________
Phone Number: ____________________________________________________
PSU E-mail: _______________________________________________________
Permanent Address: _________________________________________________

Commencement Attendance: FA ____   SP____   SU ____   YEAR ____
Actual Graduation Semester*   SEMESTER____   YEAR____

Reason for the request (continue on back if necessary):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List the course(s) remaining for degree completion.
____________  ____________  ____________

Submit this form during the semester you plan to walk AND at least three weeks prior to the commencement date with a CURRENT DEGREE AUDIT to Dr. Scott Gest, HD FS Professor-In-Charge, HDFS Undergraduate Program, 315 HHDEV East. Requests will be approved only if one 3-credit course or the internship remains. Dr. Scott Gest will contact you by PSU email when the review is completed.

Student Signature/Date: ________________________  _________________
(Signature)     (Date)

HD FS Dept. Signature/Date: ________________________  _________________
(PIC or Dept. Head)   (Signature)     (Date)

*On eLion, file your intent for the actual semester you will graduate during the first two weeks of that semester.