

## **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.

F	aculty 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	
	2410	
	Department Chair Recommendation	
☐ Recommend for approval	☐ Not recommended for approval	
Comments:		
Chair Signature	Date	
	Dean Determination	
☐ Approve	Disapprove	
Comments:		
Dean Signature	Date	