



SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR & OPERATIONS

901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
(206) 220-8030; Fax: (206) 296-2443
Email: registrar@seattleu.edu

ATTEND COMMENCEMENT WITH DEFICIENCIES REQUEST

(PETITION FOR EXCEPTION TO POLICY)
(RMPCMD_C)

~ Print in Ink ~

INSTRUCTIONS: For more information, refer to the Commencement with Deficiencies Policy 83-1. This form may be completed only if you are in good academic standing at Seattle University and after you have completed the application for graduation and, in return, have received an email from the Office of the Registrar directing you to the "View Final Graduation Requirements" link on SU Online. After reviewing your final graduation requirements:

1. Complete Part I of this form.
2. Attach a copy of your program evaluation.
3. Take this form to the Office of the Registrar
4. After the form has been received and reviewed, you will be notified of the approval or denial of your request by the Office of the Registrar.
5. **MUST BE SUBMITTED to the Office of the Registrar and Operations by APRIL 10, 2015**

PART I – To be completed by the Student and Advisor

Student ID Number: _____ Phone Number: (_____) _____
Area Code

Student Legal Name: _____ SU Email: _____@seattleu.edu
Last First Middle

Class Level: UG GR

College or School of major: _____ Major or Program _____

I will have _____ credits remaining to complete after Spring quarter _____. My plan to complete coursework is as follows:
Total number of credits Year

Course Section (eg: ENGL 436 01)	Term (eg. 13FQ)	Credits

My cumulative grade point average is _____. My major grade point average is _____.

I certify that the information provided is correct and complete to the best of my knowledge.

► **Advisor Signature:** _____ **Date:** _____

Reason I am requesting an exception to the Commencement with Deficiencies policy: _____

I certify that the information provided is correct and complete to the best of my knowledge. Any documentation to support this request is attached.

► **Student Signature:** _____ **Date:** _____

PART II – To be completed by the Office of the Registrar Designee

I approve this request. I do not approve the request.

► **SIGNATURE:** _____ **Date:** _____

Printed Name: _____

REGISTRAR'S OFFICE USE ONLY

Date received: _____

Processed by: _____

Date: _____

11/12