

**Michigan Technological University  
Graduate School**

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**Commencement Application (Walk) Form**

Students must have permission of their advisor and either their graduate program director or department chair if they plan to participate in commencement prior to completing all requirements for their degree and turning in all required paperwork and documents.

This form is due in the Graduate School by 4:00 p.m. Friday eight weeks prior to the date of the ceremony.

Fall commencement may be attended by students who complete all degree requirements and turn in all required paperwork and documents that Fall or the following Spring semester. Spring commencement may be attended by students who finish that Spring or the following Summer. See the Academic Calendar for dates: <http://www.mtu.edu/registrar/students/calendars/academic/>

Name \_\_\_\_\_ Student ID number \_\_\_\_\_

To avoid mispronunciation, please enter the phonetic pronunciation of your name in English - use "sounds like" words if that is helpful, e.g., "Wiideman" WEED-a-mun -or- "Taaffe" sounds like safe.

Phonetic pronunciation: \_\_\_\_\_

E-mail \_\_\_\_\_ Home Department \_\_\_\_\_

Requests permission to walk in \_\_\_\_\_ commencement.  
*Semester (e.g., Fall 2008)*

Graduation Semester \_\_\_\_\_ and Degree \_\_\_\_\_  
*(Actual or Expected) Semester (e.g., Fall 2008) (e.g., MS, PhD)*

**PhD Candidates ONLY:** Provide name of faculty member who will attend commencement and hood student.

\_\_\_\_\_  
*Advisor or Advisor Alternate Name PRINTED*

\_\_\_\_\_  
*Advisor or Advisor Alternate SIGNATURE*

**ALL Students:**

Remind your advisor of your plan to walk closer to the ceremony date as (s)he might need to order academic garb to attend. Student should order academic garb from the campus bookstore eight weeks prior to commencement to avoid paying additional fees.

**Approval Signatures:** **ONLY** sign if you are confident that the student will complete all degree requirements and turn in all required forms and documents during the current or following semester

\_\_\_\_\_  
*Advisor (or 1<sup>st</sup> co-advisor) Date*

\_\_\_\_\_  
*Department Chair or Graduate Program Director Date*  
*(Graduate Program Director Signature Required for Non-Departmental Programs)*

\_\_\_\_\_  
*Assistant to the Dean of the Graduate School Date*

Grad School Use Only  
Copies to: Student, Advisor, Department  
Attach original to M4/D5