



New York City Campus
Registrar
Nyack College
2 Washington Street
New York, NY 10004
(646) 378-6192
servicecenter@nyack.edu

Commencement Participation Exception Request

Complete this form and return it to the Registrar's Office on the lower level or servicecenter@nyack.edu

Name: _____ ID#: _____

Credits earned: _____ GPA: _____

I am requesting to be granted permission to walk in the commencement exercises based on the following information: *(please briefly explain your situation)*

Student Signature _____ Date _____

Department Head/Advisor signature _____ Date _____
(signature indicates support of request)

Courses needed to complete degree:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Registrar Signature _____ Date _____
(signature indicates student has been registered for appropriate missing courses to complete degree)

Financial Aid Signature _____ Date _____
(signature indicates pending courses are paid in full)

For **Office use only**

Approved Denied (circle one) **Provost approval?** _____