



SCHOOL OF NURSING

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

CHANGE OF COMMENCEMENT ATTENDANCE FORM

Attending Commencement Policy:

Students that indicated on their previously submitted "Application for Graduation" form that they were intending to attend the Commencement ceremony but no longer plan to attend are required to advise Enrollment Services. Students that indicated that they would be attending and an order has been placed for academic attire but do not attend the Commencement ceremony without prior written approval may be charged a non-attendance fee for not notifying Enrollment Services.

Please Print Legibly:

First Name _____ Middle Name: _____ Last Name: _____

Student ID# _____ Program/Major: _____ If Joint Program, Affiliate: _____

Daytime Phone #: (____) _____ Home Phone #: (____) _____ Email Address: _____

Graduation Date (Expected): January May September

Reason for Change of Attending Commencement (Please select from one of the following):

I am advising Enrollment Services that I will not be attending Commencement as I had previously indicated that I would be attending on my Application for Graduation

I previously indicated that I would not be attending Commencement but I am advising Enrollment Services that I would like to attend if permitted.

Please see my Cap and Gown order information below: _____

Commencement Cap Sizes:

6	6 1/8	6 1/4	6 3/8	6 1/2	6 5/6	6 3/4	6 7/8
7 1/8	7 1/4	7 3/8	7 1/2	7 5/8	7 3/4	7 7/8	8 1/8

Cap Size: _____

Phonetic Spelling of Name (i.e., Susan Kegel - *Sue Sun - Kay Gull*) _____

Height: _____ Weight: _____

Please also visit the Commencement section of the SN website for updates and bulletins on this year's Commencement ceremony at <http://sn.umdnj.edu>

Comments:

Student Signature _____ **Date** _____

ENROLLMENT SERVICES USE ONLY

Adjustments:

Advise Program Director Commencement Book Commencement Reader List Banner-SHACATT

Enrollment Services signature _____ Date processed _____