Lincoln University

REQUEST FOR COMMENCEMENT CEREMONY / INDIVIDUAL PHOTO



NAME:				
•		will appear on the commencement program.		
STUDENT ID:	DEGREE:			
	DEGREE: (DBA/MBA/BA/BS/AS or Certificate)			
PHONE:	EMAIL:	@lincolnucasf.edu		
ACTUAL GRADUATION TERM EXPECT	Γ ED (to complet	te your program):		
		(Fall/Spring/Summer) Year		
DO YOU PLAN TO PARTICIPATE IN TH	E COMMENC	EMENT CEREMONY?		
() Yes, I will participate in the command will have my individual photo taken				
() Yes, I will participate in the comm but would NOT like to have my individu				
() No, I will not participate in the corindividual photo taken during the design		•		
() I did not submit this form before the participate in the commencement cereme				
ACKNOWLEDGEMENT:				
I give permission to have my name printed University as I entered above. Also I confelectronically or in print for educational or	sent to photos	of mine being used by the University		
(Student's Signature / Print Name)		Date		
Please complete and submit this form	to the Accoun	ting Office and the Records Office.		
Notes:				
you choose to participate in the cereme	ony or to have a	ng an individual photograph is optional. If n individual photo taken, a commencement g fee of \$50 must be paid to the Accounting		

- Office. A group photo session and a reception are included in the ceremony, and cannot be separately paid or attended. Your request will not be processed until you pay the appropriate amount of fee(s). Both fees are nonrefundable.
- 2) To avoid an additional fee charge, you need to submit this form during the regular operation hours of the Records Office before March 31st of the year in which you plan to participate in the ceremony.
- 3) The dates for the individual photo session will be announced by the middle of February. No additional session will be scheduled after the designated period.
- 4) If you submit this form after the deadline stated above and plan to participate in the ceremony in the same year, a commencement ceremony fee of \$200 (nonrefundable) must be paid to the Accounting Office. In that case, the University does not guarantee that your name will appear on the commencement program.

THE BELOW SECTION IS FOR THE UNIVERSITY USE ONLY.

Accounting Office:		
Fee is paid: () Yes () No		
If "Yes," an amount of \$ ha	s been received.	
Comments:		
Signature/ <u>Print Name</u> :	Date:	
Records Office:		
Comments:		
Signature/Print Name:	Date:	
401 Flifteenth Street Oakland CA 94612	phone: (510) 628-8010	fax: (510) 628-8012

Revised: 06/07/2017ukg