LINCOLN UNIVERSITY

401 FIFTEENTH STREET, OAKLAND, CA 94612 phone: (510) 628-8010 fax: (510) 628-8012

REQUEST FOR COMMENCEMENT CEREMONY / INDIVIDUAL PHOTO

NAME:		
(First, Middle, Last) The	name you entered here will appear	on the commencement program.
STUDENT ID:	DEGREE:	
	/MS/MBA/BA/BS/Certificate) @lincolnucasf.edu	
PHONE: ()	EMAIL:	@lincolnucasf.edu
ACTUAL GRADUATION TERM	M EXPECTED (to complete your	program):(Fall/Spring/Summer, Year)
		(Fall/Spring/Summer, Year)
PLEASE GIVE YOUR MEASU	REMENTS FOR THE GRADUA	ATION GOWN:
HEIGHT ft. in.		
WEIGHTlbs.		
CEREMONY? () Yes, I will participate in t	ATE IN THE COMMENCEMENT CHE commencement ceremony ring the designated periods (\$1	on May 31, 2025, and will have
	the commencement ceremony aken during the designated pe	on May 31, 2025, but DO NOT riods (\$100*).
() No, I will not participate individual photo taken during		ony, but would like to have my
*Commencement Ceremony I	Fee: After the deadline \$250.	
ACKNOWLEDGEMENT:		
I consent to my photo being us	sed by the University electronic	ally or in print for educational or
marketing purposes.		
(Student's Signature and Da t	 te)	_

Please complete and submit this form to the Records Office

Notes:

- 1) Participation in the commencement ceremony or having an individual photograph is optional. If you choose to participate in the ceremony or to have an individual photo taken, the fee must be paid to the Accounting Office. Your request will not be processed until you pay the appropriate amount of fee(s).
- 2) The deadline to submit the request for the Commencement Ceremony / Individual Photo is April 7, 2025. You may submit this form via email at records@lincolnuca.edu or in person during the regular operating hours of the Records Office.
- 3) We will email you to make an appointment for the individual photo session in mid-April.
- 4) Please note: The **individual photo session** will happen at Lincoln University main campus.
- 5) The ceremony will take place on Saturday, May 31st, 2025, at Oakland Scottish Rite Center, 1547 Lakeside Drive, Oakland, CA 94612.

THE BELOW SECTION IS FOR UNIVERSITY USE ONLY.

Accounting Office:	
The fee is paid:() Yes () No	
If "Yes," an amount of \$ has been received.	
Comments:	
Signature:	Date:
Records Office:	
Comments:	
Signature:	Date:

Form Revised: 02/13/2025.