

Students must complete this form to inform the Registrar's Office of their intention to complete their degree. Students who complete this form will be audited by the Registrar to determine eligibility to participate in Commencement. Students who are eligible will receive an invitation to Commencement from Student Life in March.

**The deadline to submit this form to Academic Records is January 31**  
**This is not an RSVP to the Commencement ceremony.**

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Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ ID Number \_\_\_\_\_

**Commencement**

Wheelock College confers degrees in May, August, and December. Students must successfully complete all degree requirements to receive their degree. Wheelock conducts a Boston-based graduation ceremony each May.

**Eligibility Requirements for Participation in Graduation Ceremony**

Students who are not degree recipients or program completers are eligible to participate in the Boston graduation ceremony if they are within eight credit hours of the total credits required for their degree program. Students may attend only one graduation ceremony per degree received.

Eligibility is determined in February by the Registrar's Office. If you are not within 8 credits of completing your degree, you will not receive an invitation to Commencement from Student Life in March.

**Degree Date**

I intend to complete ALL of my degree requirements and receive my diploma in:

May

August      Eligible August degree completers will be invited to the May ceremony.

December      December degree completers are automatically invited to the May ceremony in the following year if they have not already attended a ceremony for that degree.

**Diploma Name**      Please print your name as it is to appear on your diploma:

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**Diploma Mailing Address (only if different than mailing address)**

Diploma delivery requires a signature and cannot be sent to P.O. Boxes.  
Please indicate if you prefer to pick it up in person.

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I have read and understand the commencement eligibility policy and understand that I will not receive my degree until all academic and financial obligations to the school are fulfilled.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form in person to Academic Records and Registration, ACW 1<sup>st</sup> floor, fax to 617-879-2276 or scan and email to registrar@wheelock.edu*

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Rev 10/14