## STUDENREQUEST TO PARTICEPA IN GRADUATIONSEREMONY



registrar@txwes.edu

I. STUDENT INFORMATION	
Name:	Student ID:
Phone Number:	E-mail:
Signature:	Date:
Denied Reason:	
VII. FINAL APPROV(IE APPLICABLE) Action: †	
Action: †	

For Office of Student Records Use Only

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