

GRADUATION PARTICIPATION FORM

CIM currently is listing you as a likely participant in the graduation ceremony [Saturday, May 15, 2010]. Please fill out this form and return it to the Office of the Registrar by February 22, 2010. If you are not completing your program this semester, please notify The Office of the Registrar immediately.

Please return this form by Monday, February 22, 2010.

NAME AS IT SHOULD APPEAR IN THE PROGRAM AND ON THE DIPLOMA

(Name must be your legal name / all middle names must be used, no middle initials or nicknames are allowed)

First Middle Last

Do you **at this time** plan to attend commencement exercises?
(If there is a possibility of your attending please mark yes)

YES NO

HOME TOWN STATE COUNTRY

PREVIOUS DEGREES HELD:

Degree	School granting the degree	Date Awarded
_____	_____	_____
Degree	School granting the degree	Date Awarded
_____	_____	_____
Degree	School granting the degree	Date Awarded
_____	_____	_____

OPTIONAL: In order for the Alumni Office to have correct records, we request that you fill out the address section below with the address and phone of someone who is likely to know your whereabouts. This is optional; however it would help us immensely in keeping track of you and your successes.

Name

Phone

Address

Email Address (where can you be reached)

Please fill out Cap and Gown info on Back of this Page.

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HEIGHT (FT. & IN.) Ladies: Ht. in High Heels!	CAP SIZE	EX.LARGE?	
		YES	NO
	One Size Fits All		