

# College of Agriculture and Life Sciences

## Request to Walk-Through Spring 2009 Commencement

(for students finishing their degrees in the summer but wish to walk in spring commencement)

Due by April 10, 2009

Name: \_\_\_\_\_  
Last First Middle

Local Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

Hometown: \_\_\_\_\_

Courses still needed for graduation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Permission is granted for this student to participate in  
Spring 2009 College of Agriculture and Life Sciences Commencement

\_\_\_\_\_  
Advisor signature Date

\_\_\_\_\_  
Associate Dean signature Date

Submit form to Academic Programs Office, 1060 Litton-Reaves

