University of Louisiana at Lafayette
Absence from Commencement Request Form

I am requesting permission to graduate in absentia. I do not plan to participate in the commencement ceremonies.

Student Information:
Name: __________________________________________
Student’s CLID: ___________________ Phone: ___________________
Email: __________________________________________

Degree Information:
Expected Degree: ___________________ Semester: ☐ Fall ☐ Spring ☐ Summer
Year: ______
Reason for Absence (ex. distance education/online student, work conflict, medical, etc.):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Check one of the following:
☐ MAIL DIPLOMA TO THE ADDRESS BELOW (for U.S. destinations only):
   Please note: If you live in the surrounding area (within a 40 mile radius of campus), you will be required to pick up
   your diploma in person.
   __________________________________________
   __________________________________________
   __________________________________________

☐ DIPLOMA WILL BE PICKED UP FROM THE REGISTRAR’S OFFICE (Martin Hall Room 171).
   Diplomas are generally available the first weekday following the commencement ceremony.

   AUTHORIZATION TO THE FOLLOWING PERSON(S) NAMED BELOW TO PICK UP MY
   DIPLOMA ON MY BEHALF
   Name of the person(s) to whom you are giving permission
   Your signature (required to release diploma to another person)
   Note: Identification from both parties is required for release of diploma.
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

Diplomas are generally available the first weekday following the commencement ceremony. Please call to
verify availability if diploma will be picked up.

____________________________________________________________________________

DEGREE CANDIDATE’S SIGNATURE ___________________ DATE ____________

It is important that you complete and submit this form to your Academic Dean’s office for approval at
least two (2) weeks prior to the date of commencement. Please note that Masters and Doctoral candidates
should submit this form to the Graduate School.