

**GRADUATION PARTICIPATION FORM  
(REQUIRED)**

PLEASE COMPLETE AND RETURN THIS FORM by **October 30, 2009**  
TO THE OFFICE OF THE VICE-PRESIDENT FOR ACADEMIC AFFAIRS ,  
**HORNER ADMINISTRATION BUILDING**  
METHODIST UNIVERSITY, 5400 RAMSEY STREET, FAYETTEVILLE, NC 28311  
E-mail to: [pellis@methodist.edu](mailto:pellis@methodist.edu) Fax to: 910-630-7325

Name of Graduate (as you would like it announced at the ceremony)

\_\_\_\_\_

There will be \_\_\_\_\_ people attending lunch in the cafeteria. (\$6.00 per person)

\_\_\_\_\_ I will attend graduation. \_\_\_\_\_ I **do not** plan to attend graduation.

I am **presently** a native of (**FOREIGN COUNTRY**, if applicable):

\_\_\_\_\_

My sponsor for the graduation hooding ceremony will be

\_\_\_\_\_

<b>First Name</b>	<b>Last Name</b>
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Relationship of sponsor (**Please circle one**): family member, faculty member, friend. (Identify specific relationship if family: \_\_\_\_\_)

IS YOUR SPONSOR A METHODIST UNIVERSITY GRADUATE? \_\_\_\_\_ YES \_\_\_\_\_ Year \_\_\_\_\_ NO

**If you have a parent or a guardian who is an ordained minister and would like to participate in the Baccalaureate, please have them contact our Campus Minister at 910-630-7515 or email at [msafley@methodist.edu](mailto:msafley@methodist.edu) NAME:** \_\_\_\_\_

(Contact information, name of church:)

IS HE OR SHE A METHODIST UNIVERSITY GRADUATE? \_\_\_\_\_ YES \_\_\_\_\_ NO

The Alumni Association needs your permanent address after May 2, 2009:

\_\_\_\_\_

(First Name)	(Middle Initial)	(Last Name)	(maiden name)
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\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)	(State)	(Zip Code)
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(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Telephone Number)	(e-mail address)	Social Security Number
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Please provide the name and address of one person (e.g., close relatives) who will always know how to reach you.

(1) \_\_\_\_\_

(Name)	(relationship)
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\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)	(State)	(Zip Code)
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