GRADUATION PARTICIPATION FORM
(REQUIRED)

PLEASE **COMPLETE** AND **RETURN THIS FORM by October 31, 2011**
TO THE OFFICE OF THE **EXECUTIVE VICE PRESIDENT AND ACADEMIC DEAN**,
HORNER ADMINISTRATION BUILDING
METHODIST UNIVERSITY, 5400 RAMSEY STREET, FAYETTEVILLE, NC 28311
E-mail to: pellis@methodist.edu Fax to: 910-630-7325

Name of Graduate _____

There will be _____ people attending lunch in the cafeteria. ($7.00 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

_____

First Name **Last Name**

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 NAME: _____
(Contact information, name of church:)

IS HE OR SHE A METHODIST UNIVERSITY GRADUATE? _____YES _____NO

The Alumni Association needs your permanent address after December 17, 2011:

_____
(First Name) (Middle Initial) (Last Name) (maiden name)

_____
(Street)

_____
(City) (State) (Zip Code)

(____)_____-_____ _____-____-_____
(Telephone Number) (e-mail address) Social Security Number

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

(1) _____
(Name) (relationship)

_____
(Street)

_____
(City) (State) (Zip Code)