

GRADUATION PARTICIPATION FORM

Please complete and return this form by **April 7, 2023**, to the Office of the Provost
in the Horner Administration Building.

Or email this to pellis@methodist.edu.

Name of Graduate: _____

Preferred pronouns: _____ Student ID #: _____

_____ I will attend graduation.

_____ I do not plan to attend graduation.

My sponsor for the graduation hooding ceremony will be: _____
First Name Last Name

Relationship of sponsor (please choose one):

*Identify the specific relationship of the family member: _____

Family Member*

Faculty or Staff Member

Friend

I (graduate) will need accommodations for the commencement ceremony.

My sponsor will need accommodations for the commencement ceremony.

[Engage. Enrich. *Empower.*]