



Office of the Registrar
 Graduation Section
 4400 University Drive, MS 3D1, Fairfax, Virginia 22030
 Tel: 703-993-2431 Fax: 703-993-4032

COMMENCEMENT PROGRAM EXCLUSION REQUEST

This request can be delivered in-person, faxed or mailed. A copy of a valid photo ID must be presented with this form.

DEADLINE: Requests for 2009 must be received by March 3, 2009

Mason Student ID# _____ Daytime Phone: _____

Name: _____ Email: _____
Last First M.I.

Graduation Date: Spring Summer Fall _____
(Circle One) Year

I hereby request that my name be excluded from the Commencement Program.

Student Signature (Required): _____ Date: _____

Office of the Registrar Use Only

Date Received: _____ Signature Photo ID Date Name Removed: _____