



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

SPECIAL REGISTRATION FOR GRADUATION REQUEST

Available for Term of Graduation Only

This request, if approved by your department, will allow you to remain active in the University system, without being registered for an actual course. This satisfies the university requirement that a student be actively registered in the term in which their degree will be conferred. To initiate this special registration request you must submit this completed form to your major program department (Do not submit this form to the Registrar's Office initially, as this will result in a significant delay in processing) . If approved, they will then forward this request to the Registrar's Office for processing.

Please note: you must have \$45.00 on account for this registration to be processed. Please do not send your payment directly to the Registrar's Office. Post your payment to your Mason account either through "Patriot Web" services or the University's Cash Office located in Student Union I.

Students: Please Print in ink and submit to your department.

Mason Student ID# _____ Daytime Phone: _____

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

Degree/Major: _____ Graduation Expected Date: _____ Term Requested: _____

Reason: _____

* GRADUATE STUDENTS PLEASE NOTE: This special registration will not suffice for the university's continuous enrollment requirement while you are finishing your Thesis or Dissertation. Students working on a Thesis or Dissertation must be enrolled in Thesis (799) or Dissertation (999).

Student Signature (*Required*): _____ Date: _____

Department Approval:

This action, if approved, requires the payment of a one time **\$45.00** university services fee. The Registrar's Office cannot process this special registration until this fee has been paid by the student. It is therefore important that the student, upon approval, be notified immediately so they can make arrangements to cover this cost. **Please do not submit payment directly to the Registrar's Office (see above).**

Chair or Designee Signature	Print Last Name	Date
Student Accounts Representative	Date	

Office of the Registrar Use Only

Date Received: _____ Registration Services Representative: _____ Date Entered: _____