



ABSENCE FROM COMMENCEMENT

Return Completed Form To:
Registrar's Office
P.O. Box 3155, Ruston, LA 71272

STUDENT INFORMATION	
Name:	CWID
Personal Email:	Telephone:
Degree	
Quarter: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Program Type (<i>Select One</i>)	
<input type="checkbox"/> UNDERGRADUATE DEGREE: _____	
<input type="checkbox"/> GRADUATE DEGREE: _____	
Reason for Absence:	
PICK-UP / DELIVERY INFORMATION	
Please select one of the following options:	
<input type="checkbox"/> I WOULD LIKE MY DIPLOMA(S) MAILED (to U.S. address only):	
Address: _____	
City: _____ State _____ Zip _____	
<i>There is a \$10.00 fee for postage and handling (available for addresses within the United States only). Payment may be made by Check or Money Order made payable to Louisiana Tech University and attached to this form. Credit Card payments may be made by calling the Comptroller's Office at 318-257-4325. Do NOT send cash. Mailed diplomas and Pick-Ups will be processed the week following commencement</i>	
VALID PHOTO IDENTIFICATION IS REQUIRED AT THE TIME OF PICK-UP.	
<input type="checkbox"/> I WILL PICK-UP MY DIPLOMA(S):	
<input type="checkbox"/> I GIVE MY PERMISSION for the person named below to pick up my diploma(s)	
Name of designate: _____	
Note: Identification required for release of diploma.	
I am requesting permission to graduate in <i>absentia</i>. I do not plan to participate in the commencement ceremonies. I understand I am still required to complete the Graduation Application for graduation approval.	
Signature	Date
APPROVED BY:	
_____	_____
Dr. Leslie K. Guice, President Louisiana Tech University	Date