



UNIVERSITY COLLEGE OF THE CARIBBEAN



REQUEST TO GRADUATE IN ABSENTIA APPLICATION

INSTRUCTION: This form should be completed and submitted after you have read the **Graduation Policy** and the **Intention to Graduate Form**. Approval to graduate in absentia is granted only if the request complies with the terms and conditions outlined in the above documents. Please ensure that supporting documents are attached when submitting this form to the Office of the Vice President of Academic Affairs. Completed form must be submitted not later than one (1) week prior to the scheduled graduation date.

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Personal Information

Name: _____

Student #: _____

Email: _____

Programme: _____

Group: _____

DISCLAIMER: I hereby acknowledge that I have read and understood that approval must be granted in order to graduate in absentia and that the issuing of my diploma is governed by procedures contained in the Graduation Policy.

Signature: _____

Date: _____

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OFFICIAL USE

Vice President of Academic Affairs Authorization:

Request to graduate in absentia in the June _____ graduation ceremony was: approved denied