## **School of Nursing Commencement Attendance** - Doctor of Nursing Practice

The School of Nursing congratulates you on your achievements and invites you to participate in the commencement ceremony. Note that participating in commencement does not mean that you have officially graduated - you must complete all degree requirements and submit the Application for Degree form in order for your degree requirements to be reviewed, to have your degree posted to your official transcript, and to receive your diploma.



School of Nursing

Driven to Discover\*\*

University of Minnesota School of Nursing 5-160 Weaver-Densford Hall 308 Harvard Street SE Minneapolis, MN 55455 Phone: 612-625-7980 Fax: 612-625-7727 www.nursing.umn.edu

Please complete this form even if you do not plan to participate in the ceremony as we will still include your name, degree information, and hometown in the formal program (if you are not attending, just fill out the fields marked with an asterisk\*). There is no fee/tickets for attending graduation; however, there is a rental fee for your cap, gown, and hood which can be obtained through the University of Minnesota Bookstore (www.bookstores.umn.edu).

**Deadlines:** For Spring (May) commencement, this form is *due by Friday, March 22, 2013*; Because we must plan for program print times, quantities, seating arrangements, and refreshments we must strictly adhere to these deadlines.

**Disability Accommodations:** If you or any of your guests have special needs, please contact the Office of Student & Career Advancement Services (SoNStudentInfo@umn.edu) no later than two weeks prior to the ceremony. Every effort will be made to accommodate your request; however, please be aware that special seating is limited.

*UM ID (7 digits):		*Name:			
*Degree:			Faculty Advi	sor:	
*Specialty:			Project Advi	sor:	
			Yes, I plan to attend	the commencement ceren	mony
Select one o	f the follow	ing options:	○ No, I will not be atte	nding	
			○ No, I will not be atte	nding but please send me	a program
•	•		/state, which will be listed by you also would like listed, p	•	
*Hometown:			*State/Province:	*Country:	
List your HIGHEST pre	eviously earned	d college degr	ee and area of study (prior to	o the program in which you	u are currently enrolled).
*Previous Degree:			*Major:		
*Institution:					
Check this box	if you have comple	eted a previous deg	ree from the University of Minnesota	(undergraduate or graduate; all c	ampuses applicable)
-	To ensure correct pronunciation of your (first <u>and</u> last) name at the ceremony, please provide phonetic information (e.g., Chesney = Chez-nee).				
	rst Name:				
Anticipated number o	f guests (exclud	ding yourself):	☐ I am a ci	urrent member of the Sigm	na Theta Tau honor society

Return your completed form to the Office of Student and Career Advancement Services at the address/fax listed above.