

NORTHERN ARIZONA UNIVERSITY

Office of the Registrar

P O Box 4103, Flagstaff, AZ 86011-0104

Fax (928) 523-1414

Commencement Waiver Form

# Student Request for Non-Published Status

### **In Commencement Program**

Instructions: By completing/submitting, and signing this form, you are requesting the NAU Registrar’s Office to withhold the printing of your Name in the Commencement Program. Please sign, date, and return to the Registrar’s Office in Bldg. 1, Rm #115. You may also mail this form to the address above or fax it.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAU ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First M.I.

Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_