

**HASKELL INDIAN NATIONS UNIVERSITY
OFFICE OF THE REGISTRAR
FALL & SPRING
PETITION TO GRADUATE**

I am requesting that the Registrar's Office to review my academic record to determine whether I am eligible to graduate.

STUDENT'S NAME (Please print)

STUDENT'S SIGNATURE

STUDENT'S ID #

ADVISOR

AWARD SOUGHT: _____

EMPHASIS: _____

___ I plan to participate in the **FALL** graduation ceremony.

___ I plan to participate in the **SPRING** , graduation ceremony.

___ I **do not plan** to participate in the **SPRING** graduation ceremony.

Please visit the campus shop (Tecumseh Hall) for your cap/ gown and announcements.

Mail my award to the following address after my graduation eligibility has been certified and award printed.

Telephone #: _____

**Please note:
If you are graduating with
your Associates, you must
be accepted into a four-year
degree program; prior to
graduation before you can
continue or be readmitted.**

My e-mail address is: _____

How my name should appear on the award: _____

I have discussed this petition with the advisee and concur with the request.

ADVISOR'S SIGNATURE

This form must be signed by the graduation candidate and advisor and filed with the Office of the Registrar, **NO LATER THAN OCTOBER 15, (for Fall) and MARCH 15, (for Spring).**