

Commencement Participation Form

Deadline: First Friday in April

Please complete and return this form even if you do not plan to participate.

Please print.

Check one:

- I will participate in the Commencement Ceremony.
- I will not participate in the Commencement Ceremony.

Name: _____

Student ID Number: R _____

Major: _____

Mailing Address: _____

Home Phone: (_____)_____-_____ Cell Phone: (_____)_____-_____

Personal Email Address: _____

When will you complete your degree requirements?

- Fall 20____ Spring 20____ Summer 20____

Return this form by mail, email or fax by the first Friday in April.

Email: graduation@roanestate.edu or Fax: (865) 481-2025

Roane State Community College
Attn: Graduation Analyst
701 Briarcliff Avenue
Oak Ridge, TN 37830