

A-10

The University of Louisiana at Monroe
College of Arts and Sciences
Advising Form: **Request to Graduate In Absentia**

Name _____	Student Number _____	Date _____
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Advisor _____	Major _____	Graduation Term/Year _____
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Reason for Graduating In Absentia _____

Please send my diploma to the following address:

Student's Signature and Date _____

Dean's Signature and Date _____

- Approve
- Disapprove