

Commencement Attendance Questionnaire
UMD Baccalaureate Degree

Return this form on campus to:

Student Assistance Center
 23 Solon Campus Center

or mail it to:

Office of Financial Aid and Registrar
 University of Minnesota Duluth
 1049 University Drive
 Duluth MN 55812-3011

E-mail: umdhelp@d.umn.edu

Fax: 218-726-6144 **Phone:** 218-726-8000

Before submitting this questionnaire, submit your completed *Application for Degree*.

Submit this questionnaire by **February 2, 2009** and your name will appear in the *Spring 2009 Commencement Program*, even if you are not attending the ceremony. If you return forms after February 2, 2009, your name will appear in the *Spring 2010 Commencement Program*. This information will be used to plan commencement seating. It is our only record of your participation in the ceremony.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student information		
First name	Middle name	Last name
Student signature		Student ID number

Please check one

I plan to attend Commencement, Saturday, May 16, 2009.

I do not plan to attend Commencement.
 If you change your mind regarding participation, complete a new questionnaire by February 2, 2009.

<input type="checkbox"/> Yes, list my hometown in the <i>Commencement Program</i> .	City	State	Zip Code
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Complete sections below only if you are attending Commencement

Current mailing address			
Street	City	State	Zip Code
Phone	E-mail		

Check all that apply

College	Degree (If you will receive more than one degree, circle which degree section you would like to sit with.)
<input type="checkbox"/> CLA	<input type="checkbox"/> B.A
<input type="checkbox"/> SCSE	<input type="checkbox"/> B.S. <input type="checkbox"/> B.S.Ch.E. <input type="checkbox"/> B.S.E.C.E. <input type="checkbox"/> B.S.I.E. <input type="checkbox"/> B.S.M.E.
<input type="checkbox"/> CEHSP	<input type="checkbox"/> B.A.A. <input type="checkbox"/> B.A.Sc.
<input type="checkbox"/> LSBE	<input type="checkbox"/> B.Acc. <input type="checkbox"/> B.B.A.
<input type="checkbox"/> SFA	<input type="checkbox"/> B.A. <input type="checkbox"/> B.F.A. <input type="checkbox"/> B.Mus.

Indicate any special, disability-related seating arrangements you may require.

To help us pronounce your name correctly, please write a phonetic spelling of your name.

Are you an international student? No Yes—from what country? _____
 If "Yes," and you have family who will be coming from out of the country, please list them below.

Name	Relationship to you	Country