

UNIVERSITY OF MINNESOTA DULUTH
Commencement Attendance Questionnaire
UMD Baccalaureate Degree

2009–2010

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 1, 2010** and your name will appear in the *Spring 2010 Commencement Program*, even if you are not attending the ceremony. If you return forms after February 1, 2010, your name will appear in the *Spring 2011 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	<input type="checkbox"/> I plan to attend Commencement, Saturday, May 15, 2010.		
	<input type="checkbox"/> I do not plan to attend Commencement. If you change your mind regarding participation, complete a new questionnaire by February 1, 2010.		
<input type="checkbox"/> Yes, list my hometown in the <i>Commencement Program</i> and provide my hometown newspaper with my graduation information.	City	State	Zip Code
College	Degree—check all that apply. If you will receive more than one degree, and you are attending Commencement, 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.		
Complete sections below only if you are attending Commencement.			
Current mailing address			
Street	City	State	Zip Code
Phone	E-mail		
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? <input type="checkbox"/> No <input type="checkbox"/> 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	