

## DECLARATION OF INTENT TO NOT WALK AT GRADUATION

Complete this form if you are voluntarily planning on not participating at commencement exercises in June.

A cap and gown will **NOT** be ordered for any student who does not plan on participating at graduation.

Return this form to Scott McAbee in room 629.

☐

January Graduate

☐

June Graduate

Student Name \_\_\_\_\_  
(Please Print)

Parent/Guardian Name \_\_\_\_\_  
(Please Print)

Parent/Guardian Phone \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

Date Received \_\_\_\_\_