

Application for Recognition Ceremony Participation

DEGREE PROGRAM _____ TODAY'S DATE _____

NAME _____ Email address _____

ANTICIPATED Term of Graduation __Spring __Summer __Fall **Year** _____

QUALIFYING EXAM COMPLETION DATE _____

VERIFYING SIGNATURE _____

Admissions/Student Affairs Professional Staff or Gerontology DGS

TITLE of Capstone paper/Final project/Dissertation _____

ANTICIPATED DATE of Final Examination _____

VERIFYING SIGNATURE _____

Capstone/Final Project/Dissertation Committee Chair