

**MARCHING PERMISSION
School of Education**

This form is submitted by students who would like to participate in this semester's School of Education (SOE) Diploma Presentation Ceremony. With verification from your advisor that you have six or fewer hours to complete for graduation, you will be eligible to participate in the SOE graduation festivities. Please have your advisor to sign off on the form and submit the completed form to Ms. Zakia Williams in the School of Education Dean's Office, Oliver Hall, Room 2090.

Semester: Fall _____ Spring _____ (circle one) **Year** _____

Name _____ **V#** _____

Address _____ **Major** _____

Phone _____ **Degree** _____

Email Address _____

Overall GPA _____ **Major GPA** _____

_____ **List total hours of VCU coursework completed**
_____ **List total hours of transfer coursework completed**

During the summer I will be taking the following:

<u>Course</u>	<u>Credits</u>
_____	_____
_____	_____

I have verified that the information provided is accurate and support the student's request to participate in this semester's diploma presentation ceremony.

_____ _____
Advisor's Signature **Date**

Approved:

_____ _____
Diane Simon, Ph.D., Associate Dean **Date**