

MARCHING PERMISSION School of Education

This form is submitted by students who would like to participate in this semester's School of Education (SOE) Graduation 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 ceremony. Please have your advisor to sign off on the form and submit the completed form to Ms. Erin McClinton 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:

Course Credits _____

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:

Joan Johnson, Ph.D., Exec. Dir. of Licensure and Accreditation

Date