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Appeal to Graduate Past Deadline Form

Metropolitan State University

Graduation Office
700 East Seventh Street
Saint Paul, Minnesota 55106-5000
E-mail: graduation@metrostate.edu
Phone: 651-793-1231

Who needs to use this form?
This form is to be completed by the student who has missed the posted deadline to apply to graduate. Complete Sections 1, 2 and 3.

Important Notes
There are repercussions to applying after the graduation deadline. Read the acknowledgement section carefully.

How to Submit
Submit the completed form to both the Graduation Office and your academic advisor.

Section 1: Student Information

Student Name: _____ _____ _____
Last *First* *Middle Initial*

Metropolitan State student ID: __ __ __ __ __ __ __ __ Metropolitan State e-mail address: _____ @go.metrostate.edu

Degree Program: _____ Major: _____ Semester of Graduation: _____

Section 2: Explanation

Please detail the circumstances that have resulted in the late application and include an explanation of why you should be considered for graduation this semester: (applications will be approved based on your explanation and the space available for the commencement program. If you do not wish to participate in the commencement ceremony, please note that in your explanation).

_____

_____

_____

_____

Section 3: Acknowledgement & Signature

By submitting this form and applying for graduation after the published deadline, you acknowledge that:

1. You may not be eligible for Honors (undergrads only) or the Outstanding Student Awards

2. You may not be eligible to participate in the commencement ceremony. In addition, you may not be eligible for the following:
   - To have your name printed in the commencement program.
   - To receive guest tickets for the commencement ceremony.

3. You may not have your diploma printed on time.

Signature: _____ Date: ____ / ____ / _____
MM DD YYYY

Section 4: Office Use Only

❑ Approved ❑ Conditionally Approved ❑ Not Approved

Explanation: _____

_____

_____

Graduation Signature: _____ Date: ____ / ____ / _____

Academic Advisor Signature: _____ Date: ____ / ____ / _____

Academic Advisor Signature: _____ Date: ____ / ____ / _____