

## NORTHERN MARIANAS COLLEGE

OFFICE OF ADMISSIONS & RECORDS







## ATTEND COMMENCEMENT WITH DEFICIENCIES REQUEST

## (PETITION FOR EXCEPTION TO PROCEDURE 4020.9)

INSTRUCTIONS: This form may be completed only if you are in good academic standing at the Northern Marianas College and after you have completed the Petition to Graduate form and, in return, have received an email from the Office of Admissions & Records directing you to the "View final Graduation Requirements". After reviewing your final graduation requirements:

- Complete Part I of this form. 1.
- 2. Attach a copy of your program evaluation.
- Take this form to the Office of Admissions & Records.
- 4. After the form has been received and reviewed, you will be notified of the approval or denial of you request by the Office of the Admissions & Records.
- 5. Upon approval, you will be registered for all deficient courses the following semester.
- 6. Attach a signed registration form or class schedule.
- 7. MUST BE SUBMITTED to the Office of Admissions & Records by May 14, 2021.

Number or SSN:    Name:	To be completed by the Student a	and Advisor			
Contact Number:    NMC   Email:	Student ID Number or SSN:				$\succeq$
Prógram:	Contact Number:		LAST NAI	ME FIRST NAMI	E MIDDLE NAME
COURSE SECTION  SEMESTER  CREDITS  Cumulative Grade Point Average:  I certify that the information provided is correct and complete to the best of my knowledge.  Advisor's Signature:  Date:  I certify that the information provided is correct and complete to the best of my knowledge.  Student's  Any documentation to support this request is attached  PART II - Recommendations  PART III - Approval  President  President  OAR USE ON  APPROVED  NOT APPROVED  PRESIDENCE SECRETION  OAR USE ON				credits remaining	to complete after Spring Semester
Point Average:    Certify that the information provided is correct and complete to the best of my knowledge.   Advisor's Signature:			TOTA		YEAR
Advisor's Signature:	COURSE SECTION	SEMESTER	CREDITS		
Reason I am requesting an exception to the Graduation Procedure:  I certify that the information provided is correct and complete to the best of my knowledge.  Any documentation to support this request is attached  PART II - Recommendations  Director of Enrollment Services  YP of Learning & Student Success  PART III - Approval  President  OAR USE ON  APPROVED  NOT APPROVED  PRECEIVED BY BEGIST				I certify that the information provided is	correct and complete to the best of my knowledge.
I certify that the information provided is correct and complete to the best of my knowledge.  Any documentation to support this request is attached  PART II - Recommendations  Director of Enrollment Services  YES NO  PART III - Approval  President  OAR USE ON  APPROVED  NOT APPROVED					, s
YES NO YES NO APPROVED NOT APPROVED	Reason I am requesting an exception	to the Graduation Procedure:		Advisor's Signature:	
PECEIVEN BY PEGIST	I certify that the information provide	led is correct and complete to	the best of my k	nowledge. Student's Signature:	Date:
Signature and Date:  Signature and Date:  Signature and Date:	I certify that the information provid Any documentation to support this i	led is correct and complete to request is attached		nowledge. Student's Signature:  PART III - Approval	Date:Date:
	I certify that the information provided Any documentation to support this in PART II - Recommendations  Director of Enrollment Services	led is correct and complete to request is attached  VP of Learning & St		PART III - Approval President	Date:OAR USE ON
	I certify that the information provided Any documentation to support this in PART II - Recommendations  Director of Enrollment Services  YES NO	VP of Learning & St	udent Success	PART III - Approval President APPROVED NOT APP	Date:OAR USE ON