

SOUTHWEST VIRGINIA COMMUNITY COLLEGE
Admissions Office
PO Box SVCC, Richlands, VA 24641

REQUEST TO GRADUATE IN ABSENTIA*

Name: _____

Address: _____
(Route # or PO Box) (City, State) (Zip)

Empl ID: _____

SSN: _____

Expected Date of Graduation: May, 20____.

I wish to graduate in absentia for the following reason:

Date

Signature of Student

Diplomas, for those who have met graduation requirements and who applied on time, will be mailed within 45 days after the ceremony.

*This form should accompany the Graduation Application