

Student Information	
Name	ID Number
Email Address – @uregina.ca address	Telephone
Primary Faculty or Academic Unit <input type="checkbox"/> AR <input type="checkbox"/> BU <input type="checkbox"/> CE <input type="checkbox"/> ED <input type="checkbox"/> ES <input type="checkbox"/> CT <input type="checkbox"/> KI <input type="checkbox"/> MP <input type="checkbox"/> NU <input type="checkbox"/> SC <input type="checkbox"/> GS <input type="checkbox"/> SW	Campus or Federated College <input type="checkbox"/> U of R <input type="checkbox"/> Champion College <input type="checkbox"/> Luther College <input type="checkbox"/> First Nations Univ. of Canada

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I, \_\_\_\_\_ hereby formally request that my name be withheld from the Convocation program and any other publications produced by the University of Regina for convocation purposes.

I understand that my name will appear on the list of graduands being submitted by my faculty to Executive of Council for approval.

Date of Convocation Ceremony:

Date Credential Awarded:

<input type="text"/>	<input type="text" value="DD-MMM-YYYY"/>
Signature (Student)	Date

Registrar’s Office Use Only	
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<input type="text"/>	<input type="text" value="DD-MMM-YYYY"/>
Signature (Registrar’s Office)	Date

Copies:  Registrar  Faculty  Student  SAFA  UAC