



Office of Enrollment Management, Admissions  
The College of the Florida Keys  
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## **Graduation Exception Form**

This form is required for students who do not meet the requirements for graduation per the applicable Course Catalog and Graduation Procedure 75.80. The student must use this form to request participation in a graduation ceremony **prior** to completion of the requirements for their degree/certificate. Students can only have six credit hours or less of outstanding degree/ certificate requirements for approval of an exception. Note students meeting the six credit hours in a subsequent term do not have to complete this form and are eligible to participate in the applicable spring or fall term ceremony.

### **The following is to be completed by the student:**

Student Name:

Student ID:

Degree/Certificate:

Graduation ceremony you are requesting to participate in:

Spring Ceremony, date of ceremony:

Fall Ceremony, date of ceremony:

Explanation of why your request should be considered:

**The following is to be completed by the student's Academic Advisor:**

- Students must be registered in all required courses to meet their degree requirements.
- Attach a DegreeWorks audit to show the student is enrolled in 100% of their required coursework. If the student is enrolled in transient coursework, please indicate by checking the appropriate box in the table below.

In order for approval of this exception, students can complete **up to six credit hours** in the next subsequent semester following the requested graduation ceremony participation. Indicate specific courses to be completed:

<u>Course Name</u>	<u>Course Number</u>	<u>Credits</u>	<u>Transient?</u>
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Number of credits needed to complete degree requirements:

Anticipated date of completion:

Submittal of this form does not constitute approval. The Office of Enrollment Management (EM) will notify the student of the outcome of their request once all reviews are complete.

*By my signature below, I certify that the above information is correct.*

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

*By my signature below, I am approving this request to participate in the requested graduation ceremony.*

\_\_\_\_\_  
Academic Advisor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director of EM's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/CEO's signature

\_\_\_\_\_  
Date