



Danville Community College

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1008 South Main Street • Danville, Virginia 24541-4004
434.797.2222 • TTY: 434.797.8542
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REQUEST TO BE EXCUSED FROM COMMENCEMENT

Please return this completed form to the **Office of The Vice President of Academic and Student Services
Wyatt Building, Room 211, (434) 797-8410 or fax to (434) 797-8514.

Last Name First Name M. Initial SSN or Student ID#

Street Address City State Zip Code

Daytime Phone Number Term of Graduation Name of Program Area

Please briefly explain your reason for being unable to attend commencement:

Three horizontal lines for text entry.

Select one option below:

- A. I will pick up my diploma in the Office of Admissions and Records.
B. Please mail my diploma to the address above.

Student's Signature Date



This request is: Approved

Signature of the Vice President of Academic and Student Services Date