

# COMMENCEMENT SPEAKER APPLICATION INSTRUCTIONS

Acting Dean of Graduate Studies

231 Beekey Building • 610-683-4300 • [ward@kutztown.edu](mailto:ward@kutztown.edu)



## ELIGIBILITY CRITERIA

To be considered for this distinction, you must:

- be cleared to participate in the May 2023 commencement ceremony
- have a grade point average at or above 3.0
- demonstrated service to the university community and a record of good university citizenship and cooperation
- demonstrated evidence of meaningful co-curricular involvement
- be in good disciplinary standing.
- be available to interview and present your speech (speech need not be memorized)

## FILING INSTRUCTIONS

To be considered for this honor, the applicant must complete and submit this application and all supporting materials by the deadline listed below. Additional materials may not be added to this application. Failure to follow these instructions may result in the rejection of the application. It is the applicant's responsibility to ensure that all materials are submitted by the stated deadline.

## BIOGRAPHICAL DATA

Please complete this section in its entirety so that we have biographical information for publicity purposes.

First Name, Middle Initial, Last Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

KU E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Major(s) \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Permanent Address \_\_\_\_\_

## APPLICATION MATERIALS AND DEADLINE (due **Tuesday, March 21, 2023**)

- this completed form
- a draft of the 3-5 minute speech that communicates the spirit of the day
- resume which includes co-curricular involvement
- contact information for two faculty or staff references

## RESUME

Please review the Career Development Center's Resume Writing Guidebook (click [Here](#)) or pick up a hard copy at the CDC office, 113 Stratton Administration Center for assistance with drafting a quality resume. You are strongly encouraged to submit your resume draft to the CDC staff for feedback before submitting it with your application.

## REFERENCES

Please include the contact information for two faculty or staff who have agreed to support your application **and** are familiar with your contributions to Kutztown University and/or the community. It is in your best interest to choose staff or faculty who can attest to your contributions outside the classroom and not solely your academic performance which, to some degree, is measurable by your grade point average. The Graduate Speaker Selection Committee will reach out to your references.

## AUTHORIZATION

You must choose responses to each of the statements listed below. The information collected is vital to promoting recipients, but it is your choice whether or not you grant us permission to use the information for the reasons indicated. You must sign this document.

*By signing below, I hereby release my academic and judicial records to the division of Academic Affairs as they pertain to this application. I further understand that the information I have provided in this document is subject to verification. Kutztown University may publish the following information in the Commencement Ceremony program, should I be selected to receive this honor. I grant permission to publicly release my:*

- grade point average*
- academic honors and awards*
- co-curricular involvement and awards.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# COMMENCEMENT SPEAKER APPLICANT REFERENCE FORM

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## PART ONE: TO BE COMPLETED BY THE APPLICANT

APPLICANT NAME: \_\_\_\_\_

### To the Applicant:

Please provide contact information for two faculty and/or staff whom you have chosen as a reference for you and is familiar with your contributions to Kutztown University and your qualifications to offer the commencement address.

### Applicant's Waiver of Right to Access

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows you to waive your right of access to confidential letters or statements written on your behalf if the recommendation is used solely for the purpose of receipt of this honor. The university does not require that you make such a waiver as a condition for application.

I hereby  voluntarily waive OR  do not waive my right to examine this confidential evaluation.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

## PART TWO: REFERENCE CONTACT INFORMATION

1. Name of Faculty or Staff Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Best day/time to contact: \_\_\_\_\_

2. Name of Faculty or Staff Member: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Best day/time to contact: \_\_\_\_\_