

Kente Commencement Ceremony Registration Form

Name: _____ WCU ID #: _____

Major: _____

Minor: _____ Concentration: _____

Please provide the following contact information: *(please do not use your campus address, unless you are continuing on to graduate school at WCU)*

Street Address: _____

City: _____ State: _____ Zip Code: _____

WCUPA Email Address: _____

Personal email address (not WCUPA): _____

Cell phone #: _____

Please indicate your choice of kente stole:

Traditional African (Class of 2016) _____ or Latino (Clase Del 2016) _____

Who would you like to thank, or dedicate your stole to during the ceremony? *(This information will be printed in the Kente Commencement Ceremony program booklet and may be edited for space. **Please be brief!**)*
