

COMMENCEMENT SPEAKER APPLICATION INSTRUCTIONS

Center for Student Success & Academic Excellence
11 Rohrbach Library • 610-683-4007 • kirshman@kutztown.edu



ELIGIBILITY CRITERIA

In order to be considered for this distinction, you must:

- be cleared to participate in the May 2024 commencement ceremony.
- have a grade point average at or above 3.0.
- have demonstrated service to the university community and a record of good university citizenship and cooperation.
- have 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, each 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 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 19, 2024**)

- this completed form
- draft of your 3-5 minute speech that communicates the spirit of the day
- resume which includes co-curricular involvement
- two recommendations

RESUME

For assistance with drafting a quality 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. You are strongly encouraged to submit your resume draft to the CDC staff for feedback prior to submitting it with your application.

RECOMMENDATIONS

Please present the attached recommendation form to two members of the 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. Once completed, the faculty or staff member can email their recommendation letter directly to Dr. Andrea Kirshman.

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 as to 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 give this form to a member of the faculty or staff whom you have chosen to submit a reference for you and who 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.

List referee's name: _____

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

Applicant Name _____ Date _____

Applicant Signature _____

PART TWO: TO BE COMPLETED BY THE REFEREE

To the Referee:

The applicant named above is applying to offer the Commencement address at the May 2024 ceremony. Please complete this Reference Form and return it via email to Dr. Andrea Kirshman, Associate Provost for Student Success & Academic Excellence, kirshman@kutztown.edu. *To ensure equity in the applicant review process, please do not add attachments of any kind to this form.*

IN WHAT CAPACITY ARE YOU FAMILIAR WITH THE APPLICANT? (MARK ALL THAT APPLY. EXPLAIN OTHER RESPONSE.)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Academic advisor | <input type="checkbox"/> Supervisor | <input type="checkbox"/> CA/RD/AC/RC |
| <input type="checkbox"/> Professor | <input type="checkbox"/> organization advisor | <input type="checkbox"/> Other _____ |

FOR WHAT PERIOD OF TIME?

- 1 semester or less 1-2 semesters 3-4 semesters 5-6 semesters 7-8 semesters

Given the Commencement atmosphere, please comment on this student's ability to offer a five minute address as the graduates' representative.

Please comment on this student's contributions to Kutztown University and/or the community-at-large through out-of-classroom commitments and experiences.

Other Comments:

Completed by: _____ Department: _____

Signature: _____ Date: _____

UPON COMPLETION, PLEASE RETURN THIS FORM BY **TUESDAY, MARCH 19, 2024**
to DR ANDREA KIRSHMAN, Associate Provost for Student Success & Academic Excellence,
kirshman@kutztown.edu