



## NOTICE OF INTENT TO GRADUATE

All candidates for a degree must file with their department chairs a Notice of Intent to Graduate form, together with evidence that they will fulfill all requirements for graduation. The Notice of Intent to Graduate form must then be turned in to the Registrar's Office. Failure to remit this form to the Registrar's Office by the published deadline can affect the appearance of your name on the printed program, the availability of your diploma, participation in the commencement ceremony, and your ability to graduate. It is the responsibility of the student to know and satisfy the degree requirements of the academic program.

**Graduation Semester:**  Fall (December)  Spring (May)  Summer (August) **Graduation Year:** \_\_\_\_\_

**ID #:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Degree:**

<input type="checkbox"/> Bachelor of Arts <input type="checkbox"/> Bachelor of Science <input type="checkbox"/> Bachelor of Science in Nursing  <b>Major 1:</b> _____  <b>Major 2:</b> _____  <b>Minor 1:</b> _____  <b>Minor 2:</b> _____	<input type="checkbox"/> Master of Arts <input type="checkbox"/> Master of Arts in Teaching <input type="checkbox"/> Master of Business Administration <input type="checkbox"/> Master of Liberal Arts <input type="checkbox"/> Master of Pastoral Studies <input type="checkbox"/> Master of Science <input type="checkbox"/> Master of Science in Nursing <input type="checkbox"/> Master of Theological Studies  <b>Concentration:</b> _____
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*\*All approved course substitutions and waivers should be submitted via the Course Substitution and Waiver Form prior to the graduation semester.*

**Name as to appear on diploma :** \_\_\_\_\_  
(Please print)

**Address for mailing diploma :** \_\_\_\_\_  
Street Address
City
State
Zip

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chair Signature - 1st Major**

\_\_\_\_\_  
**Chair Signature—2nd Major**

Please return completed form to the Registrar's Office