ADMISSIONS & RECORDS OFFICE

Final Intent to Graduate

Semester_____

_____

Last Name First Initial

Address _____

Street/PO Box City State Zip

SS#_____-_____-_____ Phone (_____)_____-_____

Degree type: ☐ AA ☐ AS ☐ Certificate Major(s)_____

I would like my name printed on my Diploma(s) as follows:

_____

Last First Middle

I am a member of Phi Theta Kappa: ☐ Yes ☐ No
I plan to participate in commencement ceremonies: ☐ Yes ☐ No

Please send diploma to: ☐ The above address ☐ The following address:

Address _____

Street/PO Box City State Zip

Will this be your forwarding address after gradation? ☐ Yes ☐ No

If no new forwarding address:

_____

Street/PO Box City State Zip

Phone (_____)_____-_____

_____ I understand my petition has been approved. I have successfully completed all degree requirements.

_____ I understand my petition is tentatively approved, pending completion of the following course(s):

_____

_____

Signature_____ Date_____