



## MPHIL INTENT TO GRADUATE

**If you plan to graduate or stand in June, you must complete this form and return to the Registrar's Office**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Print Clearly) (Print Clearly)

\_\_\_\_\_ **YES**, I plan to graduate in June, 20\_\_\_\_. ***All of my graduation requirements will be met.***

\_\_\_\_\_ **NO**, I have not submitted my thesis to the archivist, but I would like to stand in the 20\_\_\_\_ graduation ceremony. ***I understand that I will be receiving my diploma at a later date after all my degree requirements have been met.***

I have completed (or will complete) the following:	<u>Completed</u>	<u>Will complete</u>
9 course credits	_____	_____
9 research credits	_____	_____
Thesis proposal defense Date _____	_____	_____
Thesis defense Date _____	_____	_____
Completed thesis & evaluation	_____	_____

*In order for you to receive your diploma, the Registrar's Office must have a record of the completion of all of the above (see Certification of Degree Requirements form). If you are unsure about your record and/or your transcript, you should discuss these concerns with your advisor AND stop by the Registrar's Office as soon as possible.*

**PRINT (Clearly) the City or Town, State, and Country (where you are from) that you would like to appear in the Graduation Program:**

\_\_\_\_\_  
(CITY) (STATE) (COUNTRY)

The name on your diploma will be your name as it appears in eCAMS. To change this, please bring proof of legal name to the Registrar's Office.

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

Off-campus email address: \_\_\_\_\_

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature