

**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.***

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.*

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As a default , the Registrar's Office will print your name of record (sometimes referred to as "legal name") on your diploma. College practice allows for the printing of a chosen first name on the diploma (see more information about potential implications on the chosen name process & FAQ document on the Registrar's webpage (www.coa.edu/Registrar). If you would like to do so please print clearly that name below:

\_\_\_\_\_  
**(CHOSEN FIRST NAME TO BE PRINTED ON YOUR DIPLOMA)**

**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)

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

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

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