

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.

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