College of the Atlantic

MPhil Intent to Graduate

Prior to the academic year you intend to graduate, complete this form and return it to the Registrar's Office.

Student information

Last name (print clearly): _____

First name (print clearly): _____

Graduation plan:

_____ I plan to participate in the June 20___ graduation ceremony.

If you plan to participate in the ceremony, please choose one of the following:

_____ All of my graduation requirements will be met by the end of the spring term.

_____ All of my graduation requirements will not be met by the end of the spring term. I understand that I will receive my diploma at a later date, after all my degree requirements have been met. If you will

If you will not be participating in the graduation ceremony, please indicate when you anticipate completing your graduation requirements: First name (print clearly): _____

Requirement status

For each requirement, mark either Completed or Will complete (enter dates where indicated):

Requirement	Completed	Will complete
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 the Certification of Degree Requirements form). If you are unsure about your record and/or your transcript, discuss these concerns with your advisor AND contact the Registrar's Office as soon as possible.

Diploma name

By default, the Registrar's Office will print your name of record (sometimes referred to as your legal name) on your diploma. College practice allows for the printing of a chosen first name on the diploma — see the Chosen

Name Process & FAQ document on the Registrar's webpage (www.coa.edu/registrar). If you would like a chosen first name printed, enter it here:

Chosen first name to be printed on your diploma (optional): _____

Graduation program listing

Indicate the city or town, state, and country (where you are from) as you would like them to appear in the graduation program:

City or town: _____

State or Region: _____

Country: _____

Contact

Please provide an email address that is not your coa.edu address that we can use to keep in touch once you have moved on from COA.

Off-campus email address: _____

Approvals

Student signature _____ **Date:** _____

Advisor Signature _____ **Date:** _____