

DECLARATION OF INTENTION TO BE GRADUATED

Date _____

Name _____ I.D. No. _____
Last First Middle Initial

1. Please print (on the line below) your name exactly as it is to appear on your diploma.

2. I expect to complete all general degree requirements for the

- | | |
|--|---|
| <input type="checkbox"/> Bachelor of Arts | <input type="checkbox"/> Bachelor of Science in Nursing |
| <input type="checkbox"/> Bachelor of Music | <input type="checkbox"/> Master of Arts in Teaching |

and will fulfill my educational plan (as is currently on file with this College) as of the end of the _____
Term of the academic year _____ – _____.

3. I am filing for graduation at the May Commencement of _____.

4. Major(s) _____

Minor(s) _____

Teacher Certification: Elementary Secondary

5. Hometown you wish to be listed on commencement program:

Student Signature