

INSTRUCTIONS: COMPLETE FORM AND RETURN IT TO TERRI BROWN, COLLEGE OF GRADUATE STUDIES, ROOM 3116 WH

Declaration of Intention to Graduate
I PLAN TO GRADUATE IN: DECEMBER MAY AUGUST YEAR YEAR YEAR YEAR YEAR YEAR
PLEASE PRINT YOUR NAME EXACTLY AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA
INDICATE PHONETICALLY HOW YOUR NAME SHOULD BE ANNOUNCED AT CONVOCATION/COMMENCEMENT
PLEASE PRINT THE COMPLETE ADDRESS WHERE YOUR DIPLOMA SHOULD BE MAILED.
[NAME]
[Street Address]
[City, State Zip] DEGREE TO BE AWARDED PROGRAM ADVISOR
TITLE OF THESIS/DISSERTATION:
UNDERGRADUATE INSTITUTION MAJOR DEGREE RECEIVED YEAR
WILL YOU BE ATTENDING THE CONVOCATION/COMMENCEMENT CEREMONIES?
IF ATTENDING THE CEREMONIES, WHO WILL BE HOODING YOU? WILL YOUR HOODER BE ORDERING ACADEMIC ATTIRE, OR DOES HOODER HAVE OWN ACADEMIC ATTIRE?
ORDERING ATTIRE HAS OWN ATTIRE