

INTENT TO GRADUATE FORM

Required of all students planning to obtain an Aquinas College degree.

Name:		Email Address:		
Home Address:				
City:		State:	Zip	:
Home Phone:		Mobile	Phone:	
		reviated. Full name must include your j nust be clearly marked. EXAMPLE: S		
match the name on file with	the College; to update th	document and is an important document that the diploma name to something different from passport, etc.) must be submitted to the Office	the College record, a Name C	Change Form along with supporting leg
before the diploma is to be p	produced, the diploma nam	enter year) : DECEMBER	's record.	
before the diploma is to be p Expected graduation d	produced, the diploma name	ne will be reverted to the name on the student	's record.	UGUST YEAR
before the diploma is to be p Expected graduation d PLEASE INDICAT Bachelor's Degree	produced, the diploma nar	ne will be reverted to the name on the student enter year) : DECEMBER THE FOLLOWING YOU WILL Master's Degr	's record. MAY A BE COMPLETING ee	AUGUST YEAR G:
Defore the diploma is to be p Expected graduation d PLEASE INDICAT Bachelor's Degree	produced, the diploma name ate <i>(check term and a</i> FE WHICH OF T Arts (B.A.)	ne will be reverted to the name on the student enter year) : DECEMBER THE FOLLOWING YOU WILL Master's Degr	 's record. MAY A BE COMPLETING ee ster of Arts in Teaching 	AUGUST YEAR G: , Elementary (M.A.T.)
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before the diploma is to be p Expected graduation d PLEASE INDICAT Bachelor's Degree Bachelor of Bachelor of Bachelor of Major(s):	produced, the diploma nar ate <i>(check term and c</i> TE WHICH OF T Arts (B.A.) Science (B.S.)	ne will be reverted to the name on the student enter year) : DECEMBER THE FOLLOWING YOU WILL Master's Degr Ma: Ma: Ma: Ma:	"s record. MAY A A BE COMPLETING ee ster of Arts in Teaching ster of Arts in Teaching ster of Education in Tea	G: , Elementary (M.A.T.) , Secondary (M.A.T.) uching and Learning (M.Ed.)

COURSES YET TO BE COMPLETED:					
PLANNED	COURSE	COURSE TITLE	CREDIT		
SEMESTER	DEPT/NUMBER		HOURS		
L	L		1		

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

COMMENCEMENT: Commencement is held once a year in May.	
Do you plan to participate in Commencement? YES NO	
Do you agree to have your name published in the Commencement Program?	□ NO
DIPLOMA Please indicate if you prefer to pick up your diploma in the Office of Academics in the event that you Commencement. IPREFER TO PICK UP MY DIPLOMA. YES NO Please provide an address, if different from your student contact information on the other side of this you would like your diploma mailed in the event that you are unable to attend Commencement.	
PLEASE SEND MY DIPLOMA TO:	
IMPORTANT NOTES: Graduation and Commencement information regarding instructions, deadlines, directions, etc. is Aquinas College website at www.aquinascollege.edu/academics/graduation-commencement/. Notifie sent to your Aquinas College email account.	
It is <u>your</u> responsibility, as the candidate for graduation, to check the website and your Aquinas of all important deadlines and information regarding Graduation and Commencement. (Aquinas email accounts will not be terminated until after your actual Commenceme	
Your student account must be paid in full or arrangements made by the final payment plan deadline or you to participate in Commencement. Please check with the Office of Student Accounts regarding the staccount.	
I, THE UNDERSIGNED STUDENT, HAVE READ AND COMPLETED ALL INFORMATIC Document with my advisor. I understand and agree to my respon- and thereby, submit my name for candidacy for graduatic	SIBILITIES,
Student Signature:	- Date:
Approval of Advisor:	Date:
Approval of Dean	Date:
or Approval of Vice President for Institutional Effectiveness	Date:
Approval of Registrar:	Date:
Degree Completion Date: Honor Awarded:	GPA:

For all graduation and commencement inquiries, please contact the Office of Academics at <u>commencement@aquinascollege.edu</u>.

For Office Use Only:	Completion of Educational Loan Debt Training Session		(initial)
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