

# INTENT TO GRADUATE FORM

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

**PLEASE PRINT AND COMPLETE ALL INFORMATION IN CONSULTATION WITH YOUR ADVISOR.**

## STUDENT CONTACT INFORMATION:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Please print your name exactly as you would like it to appear on your diploma\***

### **IMPORTANT NOTE:**

*Titles, if included, must be spelled out, not abbreviated. Full name must include your first, middle, and last name. Post-nominal letters following the last name are allowed. Any accent marks must be clearly marked. **EXAMPLE: Sister Thérèse Martin, O.C.D.***

\*Remember, your diploma can be considered a legal document and is an important document that may be seen by future employers. Therefore, the diploma name must match the name on file with the College; to update the diploma name to something different from the College record, a *Name Change Form* along with supporting legal documentation (driver's license, marriage certificate, passport, etc.) must be submitted to the Office of the Registrar. If proper legal documentation has not been provided before the diploma is to be produced, the diploma name will be reverted to the name on the student's record.

Expected graduation date (*check term and enter year*) : ☐ **DECEMBER** ☐ **MAY** ☐ **AUGUST** **YEAR** \_\_\_\_

## PLEASE INDICATE WHICH OF THE FOLLOWING YOU WILL BE COMPLETING:

### **Bachelor's Degree**

- ☐ Bachelor of Arts (B.A.)  
☐ Bachelor of Science (B.S.)

### **Master's Degree**

- ☐ Master of Arts in Teaching, Elementary (M.A.T.)  
☐ Master of Arts in Teaching, Secondary (M.A.T.)  
☐ Master of Education in Teaching and Learning (M.Ed.)

### **Major(s):**

- ☐ English ☐ History ☐ Elementary Education ☐ Philosophy ☐ Theology

### **Minor(s):**

- ☐ Educational Psychology ☐ Elementary Education ☐ English ☐ History  
☐ Philosophy ☐ Secondary Education ☐ Theology

## COURSES YET TO BE COMPLETED:

PLANNED SEMESTER	COURSE DEPT/NUMBER	COURSE TITLE	CREDIT HOURS

**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? ☐ YES ☐ NO

### DIPLOMA

Please indicate if you prefer to pick up your diploma in the Office of Academics in the event that you are unable to attend Commencement.

*I PREFER TO PICK UP MY DIPLOMA.* ☐ YES ☐ NO

Please provide an address, if different from your student contact information on the other side of this document, to which you would like your diploma mailed in the event that you are unable to attend Commencement.

*PLEASE SEND MY DIPLOMA TO:*

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### IMPORTANT NOTES:

Graduation and Commencement information regarding instructions, deadlines, directions, etc. is located on the Aquinas College website at [www.aquinascollege.edu/academics/graduation-commencement/](http://www.aquinascollege.edu/academics/graduation-commencement/). Notifications will also be sent to your Aquinas College email account.

*It is your responsibility, as the candidate for graduation, to check the website and your Aquinas email account for all important deadlines and information regarding Graduation and Commencement.*

*(Aquinas email accounts will not be terminated until after your actual Commencement date.)*

Your student account must be paid in full or arrangements made by the final payment plan deadline or you may not be eligible to participate in Commencement. Please check with the Office of Student Accounts regarding the status of your student account.

***I, THE UNDERSIGNED STUDENT, HAVE READ AND COMPLETED ALL INFORMATION WITHIN THIS DOCUMENT WITH MY ADVISOR. I UNDERSTAND AND AGREE TO MY RESPONSIBILITIES, AND THEREBY, SUBMIT MY NAME FOR CANDIDACY FOR GRADUATION.***

*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 [commencement@aquinascollege.edu](mailto:commencement@aquinascollege.edu).*

**For Office Use Only:** Completion of Educational Loan Debt Training Session ☐ \_\_\_\_\_ (initial)