

INTENT TO GRADUATE FORM

**** Please return this form to the Office of Graduate Studies ****

Date for submission of form to the **Office of Graduate Studies**:

Graduation Date

May
August
December

Deadline for Submission

September 15 preceding graduation date
February 1 preceding graduation date
February 1 preceding graduation date

Legal Name:

(Please print)

Name for diploma:

(Please print)

Note: The name appearing on your diploma must be your legal name. The only deviation from your legal name can be the use of initials in place of a middle or first name. Due to diploma order deadlines, any change in your name impacting the printing of your diploma must be filed in the Office of the Registrar at least six (6) months prior to graduation. Diploma orders usually are placed three months prior to Commencement. If you file late or request a change of name after the order has been placed, additional charges may apply and there will be no guarantee that the new diploma will be available in time for Commencement.

CNU Student ID Number: _____

I intend to complete all requirements for my degree by:

May

August

December

Year _____

Current address: _____

Daytime Telephone Number _____ Mobile Telephone Number _____

E-mail Address: _____

I am a candidate for the following degree:

- Master of Arts in Teaching _____ Endorsement Area
- Master of Science in Applied Physics & Computer Science ___ Thesis ___ NON - thesis
- Master of Science in Environmental Science ___ Thesis ___ NON - thesis

Commencement exercises are held once each year in May. Students who complete degree requirements in August and December are eligible to participate in the Spring Commencement Ceremony in the following calendar year. Students will not be permitted to participate in commencement ceremonies unless all requirements, including courses, GPAs, credits and financial obligations are completed prior to the ceremony. Thesis students must be enrolled in at least one thesis credit hour during the semester of degree completion. By signing this form, I am indicating that I have read and understand the instructions regarding graduation and I authorize CNU to publish my anticipated date of graduation on the Office of the Registrar web page for the purpose of communicating information regarding graduation and related commencement activities and certify that I have consulted with my graduate academic advisor and I have read and understood the information provided. I understand it is my responsibility to monitor my progress toward degree completion and to review my Degree Evaluation Report online via CNU Live on an ongoing basis to verify which university and degree program requirements I have met and to help me determine those that may remain unmet.

Signature _____

Date _____