



Intent to Graduate

Anticipated date of Graduation: Month ____ Year ____

Name _____
Last / first / middle

TCU ID # _____

Permanent Address _____ City _____ State _____ Zip code _____

Home telephone _____ Cell phone _____ Email address _____

Degree Program _____ Certificate (if applicable) _____

Have you reviewed your advising sheet to verify that all degree requirements will be met by your intended graduation date? Yes _____ No _____

(If no, please review your advising sheet before submitting this form)

Do you have any incomplete (I) grades? Yes _____ No _____

If required have you completed Healthy Boundaries? Yes _____ No _____

(If so, what semester did you complete the requirement? _____)

Courses in Progress (If applicable)

_____	_____
_____	_____
_____	_____

If your degree program requires a final exercise, project or thesis, are you currently enrolled into the appropriate final course?

Yes _____ No _____

Student's signature _____

May graduation: form submission deadline **November 1st**
August/December graduation: form submission deadline **April 1st**