

TEXAS TECH UNIVERSITY
The Graduate School

STATEMENT OF INTENTION TO GRADUATE
Doctoral Students

Student ID#:

Date:

Full Name for Diploma:

(A married woman should use her own first name)

Degree Sought:

Major:

Semester of Graduation:

Hometown to be listed in Program:

City/State OR State/Country:

Local Mailing Address:

Permanent Mailing Address

Diploma Mailing Address:

(Must be WITHIN The United States)

Will you be attending the Commencement ceremony?

Email Address:

Official Title Form

Official Title of Thesis (Do not use Abbreviations, Symbols, Formulas, etc.):

Committee Members (indicate Chair and Co-Chair):

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | |

Please, E-Mail this Form to your Committee Chairperson, who will E-Mail it, as an attachment, to: gloria.mcname@ttu.edu after verification.

Chairperson Name: