



STATEMENT OF INTENT TO GRADUATE

DIPLOMA NAME (*PLEASE WRITE LEGIBLY—NO PENCIL*)

FIRST NAME

MIDDLE NAME

LAST NAME

TTU ID NUMBER: R _____ PROPOSED MONTH/YEAR of GRADUATION: _____

DEGREE:

_____ BACHELOR OF SCIENCE IN WIND ENERGY

MINOR(S): _____

PARENT'S NAME: _____

PARENT'S ADDRESS: _____
STREET CITY STATE ZIP CODE

2ND PARENT'S NAME: _____

PARENT'S ADDRESS: _____
STREET CITY STATE ZIP CODE

Diplomas will be mailed to students who are unable to pick them up in person to the diploma address on file with our office. If your diploma address is different from your parents' address, please list an alternative diploma address below:

ADDRESS FOR MAILING DIPLOMA: _____
(NO PO BOX OR FOREIGN ADDRESS) STREET CITY STATE ZIP CODE

PHONE NUMBER: _____ E-MAIL: _____

HOMETOWN (FOR COMMENCEMENT PROGRAM): _____

Please read and check whether you would like your name to be printed/or not printed in the commencement program.

_____ I WANT MY NAME LISTED IN THE COMMENCEMENT PROGRAM.

_____ I **DO NOT** WANT MY NAME LISTED IN THE COMMENCEMENT PROGRAM.

Please read and check whether you are planning to attend/or not attend the commencement ceremony.

_____ I PLAN TO ATTEND COMMENCEMENT.

_____ I **DO NOT** PLAN TO ATTEND COMMENCEMENT.

STUDENT SIGNATURE: _____ DATE: _____

PLEASE NOTIFY OUR OFFICE ANY CHANGES TO ABOVE INFORMATION.

****For OFFICE USE ONLY****

Date Received: _____ Date Database: _____ Date Scanned: _____ SHAGAPP: _____