## NOTICE OF INTENT TO GRADUATE

This form to be completed by student

Student can file after completing 80 hours of coursework and prior to completing the Request for Senior Audit. Students will need to save Intent to Graduate form and email as attachment or turn in with the senior audit request to Savannah Leonard in CASNR's Dean's Office for processing.

Today's Date:		
Proposed Month and Year of Graduation:	$\Box$ May	(Year)
Year of Catalog Used for Course Requireme	ents:	
Print full name AS IT SHOULD APPEAR (	ON DIPLOMA:	
	F	R#
(First) (Middle) (Last)		
Major:	Specialization:	
Minor(s):		
(Approved Minor Form with Signature must be on file	e in CASNR Dean's	s Office)
151 Hour Degree Program Only:  ☐ Thesis Option ☐ Non-Thesis Option ☐ MAB		(Name of Issuing Institution)  (Name of Issuing Institution)
Hometown:		
Name and Hometown are released to appear  ☐ Yes ☐ No	r in Commencer	ment Program:
Permanent Address (for mailing of diploma	if necessary):	
(Address, City, State and	d Zip)	
Local Address:(Address, City, State and	d Zip)	
Local Phone:E-M	ail Address:	
(Student's Signature)		(Date Submitted)