



Graduate Student Intent to Graduate Form

This form should be completed at the time of registration for the last term and turned in to the college office for review and approval. Forms should not be sent directly to the UCF College of Graduate Studies. No UCF graduate students may be traveling scholars during their last term at UCF.

PERSONAL INFORMATION

Family or Last Name _____ **First Name** _____

Personal ID (PID) _____

E-mail Address _____

Name as it should appear on diploma _____

FIRST MIDDLE LAST

(If this name is different than the name on your permanent record you must provide legal documentation (driver's license, marriage license, birth certificate, passport, Social Security card or court documentation). Submit documentation to the College of Graduate Studies Records Department.

DIPLOMA MAILING ADDRESS

Street or PO Box _____

City _____ **State** _____ **County** _____ **Zip Code** _____

Expected semester of graduation: **Term** _____ **Year** _____

Will you attend the commencement ceremony? Yes No

Degree Program (major): _____ **Subplan (track):** _____

DEGREE (Please circle the intended degree.)

Arts & Humanities	Business Administration		Education	Engineering & Computer Science		Health & Public Affairs		Hospitality Management	Interdisciplinary Studies	Nursing	Medicine (Biomedical Sciences)	Optics & Photonics	Sciences
PhD	PhD	MSBM	EdD	PhD	MSEE	DPT	MS	MS	MA	DNP	PhD	PhD	PhD
MA	MAAE	MSM	PhD	MS	MSEnvE	PhD	MSW		MS	PhD	MS	MS	MA
MFA	MBA	MST	EdS	MSAE	MSIE	MA				MSN			MS
MSA	MS		MA	MSCE	MSME	MNM							
	MSA		MEd	MSCpE	MSMSE	MPA							

Please check one: Doctoral Dissertation Master's Thesis Master's Nonthesis/Research Report

ATTN: Doctoral students, please print your Major Adviser name(s) in the space provided. The adviser name(s) will appear with yours in the Commencement program.

Major Adviser/ Dissertation Chair Name(s) (Please Print): _____

Students must be enrolled in the term they are graduating. In order to meet this requirement, students who are not enrolled by the end of add/drop must pursue an administrative add to IDS 6999 and pay fees associated with one credit hour of coursework. Students should contact their college graduate office for advisement.

Student Signature _____ **Date** _____

I have reviewed this student's SASS audit/program of study for graduation requirements.

Hegis code: _____

Adviser Signature _____ **Please Print Name** _____ **Date** _____

College/School Approval _____ **Date** _____