

TRUMAN STATE UNIVERSITY
INTENT TO GRADUATE FORM

This form is for students who entered Truman in Fall 2004 or later.
Students who entered prior to Fall 2004 must use the Bachelor Degree Application.

Please PRINT your name, EXACTLY as it should appear on the diploma, including appropriate capitalization and punctuation.
Only your legal name may appear on the diploma

First Name Middle Name or Initial Last Name

Student ID Number: Campus Email Address: Advisor:

Local Address: Permanent Address:
Street Address Apartment Number Street Address Apartment Number

City State Zip Code City State Zip Code

Local Phone Number: Permanent Phone Number:

I would like to graduate in: Degree: BA BFA BM BS BSN
(Indicate May, August, or December and Year)

First Major: First Minor:

Second Major: Second Minor:

Concentration (if applicable): Third Minor:
Only Business Administration, Communication, Exercise Science, Health Science, and Music: General Concentrations should have a concentration.

I am using the requirements from this Catalog Year: (2004 or later)

Table with 2 columns: Course information (Subject, Course #, Title, Hours) and Substitutions/Problems. Includes multiple rows for listing courses.

I understand that I must satisfactorily complete the courses in which I am currently registered and/or have listed on this form in order to remain eligible for graduation and that if I make any changes to my schedule or my graduation date I must notify the Registrar's Office. I also understand that the Registrar's Office and other campus offices will communicate with me regarding graduation clearance responsibilities and any issues with my application through my campus email account. I take responsibility for checking this account regularly and for following up on any information that is sent to me at my campus email address.

Student Signature: Date:

Office Use Only:
Approved. Complete courses as listed on application.
Pending Approval. Student still needs:
Rejected. Reason:

Reviewed by: Date:

GRADUATION DATE (Semester, Year):

NAME OF APPLICANT (Last Name, First Name MI):