



## 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 UCF 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)** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Name as it should appear on diploma** \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS FOR DIPLOMA TO BE MAILED

**Street or PO Box** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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	Liberal Studies	Nursing	Medicine (Biomedical Sciences)	Optics & Photonics	Sciences
PhD	PhD	MSBM	EdD	PhD	MSEE	PhD	MNM	MS	MA	DNP	PhD	PhD	PhD
MA	MBA	MSM	PhD	MS	MSEnvE	MA			MS	MSN	MS	MS	MA
MS	MAAE	MST	EdS	MSAE	MSIE	MPA							MS
MFA	MS		MA	MSCE	MSMSE	MS							
	MSA		MEd	MSCpE	MSME	MSW							

Please check one:  Thesis/Dissertation  Master's Non-thesis  Research report/project

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): \_\_\_\_\_

Expected semester of graduation: **Term** \_\_\_\_\_ **Year** \_\_\_\_\_

*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** \_\_\_\_\_