



Edgewood College  
 Edgewood Central- DeRicci 210  
 ECentral@edgewood.edu  
 (P)608-663-4300 (F)608-663-3495

NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

## INTENT TO GRADUATE- EDUCATION (MASTERS AND DOCTORAL STUDENTS)

➤ *Please complete this form and return to Edgewood Central by the following dates:  
 September 15<sup>th</sup> for January graduation | February 1<sup>st</sup> for May graduation | May 1<sup>st</sup> for August graduation*

➤ *This form is only valid for the term of submission indicated below. A new form must be submitted if the intended date of graduation changes.*

**I expect to complete all requirements for a degree during the term ending:**

\_\_\_\_\_ MONTH (JANUARY | MAY | AUGUST) \_\_\_\_\_ YEAR

**Are you planning to participate in the commencement ceremony?**  Yes  No

**I am applying for a: (Check one)**

MASTER OF ARTS IN EDUCATION  DOCTOR OF EDUCATION

**Concentration(s):** \_\_\_\_\_  
 \_\_\_\_\_

**Licensing Sequence(s):** \_\_\_\_\_  
 \_\_\_\_\_

**I wish to have my name appear on the diploma as follows:**

\_\_\_\_\_ FIRST MIDDLE LAST

**Diplomas will be available to students approximately 8 weeks after graduation.**

Please mail my diploma to the current address the College has on file.  
 Please mail my diploma to the following address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ STUDENT SIGNATURE DATE

<b>FOR OFFICE USE ONLY</b>	
DATE RECEIVED: _____	PROCESSED BY: _____

**Submit to:**