

NAME:	
D #:	

PROCESSED BY:

INTENT TO GRADUATE (MASTERS AND DOCTORAL STUDENTS)

➢ Please complete this form and return to Edgewood Central by the following dates:
September 15th for January graduation | February 1st for May graduation | May 1st for August graduation

- For graduate programs in Education, please see "Intent to Graduate- Education (Masters and Doctoral Students)"
- This form is <u>only</u> valid for the term of submission indicated below. A new form must be submitted if the intended date of graduation changes.

MONTH (JANUARY MA	Y AUGUST)	YEAR		
Are you planning to part	icipate in the commencement c	eremony?	Yes	☐ No
I am applying for a: (Che	eck one)			
MASTER C	F SCIENCE IN CHILD LIFE			
MASTER C	OF ARTS IN SUSTAINABILITY LEAD	ERSHIP		
MASTER C	OF BUSINESS ADMINISTRATION			
MASTER C	OF BUSINESS ADMINISTRATION II	N HEALTH SYST	EMS LEADERSHIP	•
MASTER C	OF SCIENCE IN ACCOUNTANCY			
MASTER C	OF SCIENCE IN MARRIAGE AND FA	AMILY THERAPY	<i>(</i>	
MASTER C	OF SCIENCE IN NURSING			
MASTER C	OF SCIENCE IN ORGANIZATION DI	EVELOPMENT		
DOCTOR O	OF NURSING PRACTICE			
Concentration(s):				
 I wish to have my name	appear on the diploma as follow			
,				
FIRST	MIDDLE		LAST	
Diplomas will be availab	le to students approximately 8 v	veeks after gra	duation.	
Please mail my diplon	na to the current address the Co	lege has on file	2.	
Please mail my diplon	na to the following address:			
STUDENT SIGNATURE	 DATE			
	_,		FOR OFFIC	E USE ONLY