



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

Institutional Certificate(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:**