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

NAME: _____

ID #: _____

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.***

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 RELIGIOUS STUDIES
- ☐ MASTER OF ARTS IN SUSTAINABILITY LEADERSHIP
- ☐ MASTER OF BUSINESS ADMINISTRATION
- ☐ MASTER OF BUSINESS ADMINISTRATION IN HEALTH SYSTEMS LEADERSHIP
- ☐ MASTER OF SCIENCE IN ACCOUNTANCY
- ☐ MASTER OF SCIENCE IN MARRIAGE AND FAMILY THERAPY
- ☐ MASTER OF SCIENCE IN NURSING
- ☐ MASTER OF SCIENCE IN ORGANIZATION DEVELOPMENT
- ☐ DOCTOR OF NURSING PRACTICE

Concentration(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*

FOR OFFICE USE ONLY

DATE RECEIVED: _____ PROCESSED BY:_____