



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

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

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

## INTENT TO GRADUATE- UNDERGRADUATE 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)**

- BACHELOR OF SCIENCE
- BACHELOR OF ARTS
- BACHELOR OF BUSINESS ADMINISTRATION  
 (Returning Adult Accelerated Degree Program)

**Please list all majors, minors, and concentrations that will be earned:**

**(Separate declarations of majors/minors must be submitted to the Office of the Registrar for each)**

MAJOR 1: \_\_\_\_\_ CONCENTRATION 1: \_\_\_\_\_

MAJOR 2: \_\_\_\_\_ CONCENTRATION 2: \_\_\_\_\_

MINOR 1: \_\_\_\_\_ MINOR 2: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

CATALOG YEAR: \_\_\_\_\_ HONORS:  N/A  
 NO  
 CUM LAUDE  
 MAGNA CUM LAUDE  
 SUMMA CUM LAUDE