



INTENT TO GRADUATE

(Submit to the Office of the Registrar upon *completion* of all required credit hours/coursework to be reviewed for graduation clearance)

OFFICE OF THE REGISTRAR

LEGAL NAME:	
DIPLOMA NAME: <i>(Please Print)</i>	
<p><i>NOTE: Please write your name as you want it to appear on your diploma. The name on your diploma must be your legal name (nicknames will not be printed). You may use initials rather than a middle or first name. Due to diploma order deadlines, any change in your name impacting the printing of your diploma must be filed in the Office of the Registrar at least six (6) months prior to graduation on a Change of Name form with the Office of the Registrar. If you request a change of name on your diploma after the order has been placed (typically three months prior to Commencement), additional charges will apply, and there is no guarantee the new diploma will be available in time for Commencement.</i></p>	
CUT STUDENT ID	CELL PHONE: ()
DAYTIME PHONE: ()	EVENING PHONE: ()
E-MAIL ADDRESS:	
CURRENT ADDRESS: <i>(for delivery of diploma)</i>	

- It is my intent to complete all requirements for my degree by the end of the following semester (*check semester & indicate year*):

Summer _____ year Fall _____ year Spring _____ year

- I am a candidate for the following degree:

- Bachelor of Biblical Studies
- Master of Christian Education Master of Christian Counseling Psychology Master of Ministry
- Master of Theology
- Doctor of Christian Education Doctor of Christian Counseling Psychology Doctor of Ministry
- Doctor of Theology

Check here if this is an *update/change* to a previously submitted 'Intent'

If your anticipated date of graduation changes from the date indicated above for any reason, you are **required** to notify the Office of the Registrar by submitting a new 'Intent to Graduate' form no later than Mar 01 (for May graduation). Upon receipt you will again be reviewed for graduation clearance; however, in order to receive mailings regarding graduation activities and for inclusion in the commencement/recognition program you **must** submit a new 'Intent to Graduate' by the deadline indicated.

Commencement exercises are held once each year in May. Students who complete degree requirements in August and December are eligible to participate in the University's Commencement Ceremony in the following calendar year. Students will not be permitted to participate in commencement ceremonies unless all requirements, including courses, GPAs, credits, and financial obligations are completed prior to the ceremony. **By signing this form, I authorize CUT to publish my anticipated date of graduation on the Office of the Registrar web page for the purpose of communicating information regarding graduation and related commencement activities, and certify that I have consulted with my academic advisor and I have read and understood the information provided. I understand it is my responsibility to monitor my progress toward degree and to contact CUT Registrar on an ongoing basis to verify which degree program requirements I have met and help me determine those that may remain unmet.**

SIGNATURE: _____ **Date** _____

OFFICIAL USE: Date of Action: ____ / ____ / ____ **CUT REP Initials** _____