



Graduate Student Intent to Graduate Form

This form should be completed at the time of registration for the last term and turned in to the college office for review and approval. Forms should not be sent directly to the UCF College of Graduate Studies. No graduate students may be traveling scholars during their last term at UCF.

Personal Information

Last Name: _____ First Name: _____

UCFID: _____ Knights Email Address: _____

Name as it should appear on diploma:

First: _____ Middle: _____ Last: _____

*If this name is different than the name on your permanent records you must submit a name change form to the College of Graduate Studies Office of Academic Progress and Graduation.

Diploma Mailing Address

Street or PO Box: _____ City: _____

State: _____ County: _____ Zip Code: _____

Expected semester of graduation: Term: _____ Year: _____

*Diplomas will be mailed approximately 4-6 weeks after the graduation term.

Will you attend the commencement ceremony? Yes No

Hood Only/Walk Only Yes No

Degree Program (Major): _____ Subplan (Track): _____

Master's Along The Way Yes No

Degree (Please check the intended degree.)

Arts & Humanities	Business Administration	Community Innovation & Education	Engineering & Computer Science	Health Professions & Sciences	Hospitality Management	Graduate Studies	Nursing	Medicine (Biomedical Sciences)	Optics & Photonics	Sciences
<input type="checkbox"/> PhD	<input type="checkbox"/> PhD	<input type="checkbox"/> EdD	<input type="checkbox"/> PhD <input type="checkbox"/> MSEnvE	<input type="checkbox"/> DPT	<input type="checkbox"/> MS	<input type="checkbox"/> MA	<input type="checkbox"/> DNP	<input type="checkbox"/> PhD	<input type="checkbox"/> PhD	<input type="checkbox"/> PhD
<input type="checkbox"/> MA	<input type="checkbox"/> MBA	<input type="checkbox"/> PhD	<input type="checkbox"/> MS <input type="checkbox"/> MSIE	<input type="checkbox"/> PhD	<input type="checkbox"/> PhD	<input type="checkbox"/> MS	<input type="checkbox"/> PhD	<input type="checkbox"/> MS	<input type="checkbox"/> MS	<input type="checkbox"/> MA
<input type="checkbox"/> MFA	<input type="checkbox"/> MS	<input type="checkbox"/> EdS	<input type="checkbox"/> MSAE <input type="checkbox"/> MSME	<input type="checkbox"/> MSW		<input type="checkbox"/> PhD	<input type="checkbox"/> MSN			<input type="checkbox"/> MS
<input type="checkbox"/> MS	<input type="checkbox"/> MSA	<input type="checkbox"/> MA	<input type="checkbox"/> MSCE <input type="checkbox"/> MSMSE	<input type="checkbox"/> MA						
	<input type="checkbox"/> MSBM	<input type="checkbox"/> MEd	<input type="checkbox"/> MSCpE	<input type="checkbox"/> MS						
	<input type="checkbox"/> MSM	<input type="checkbox"/> MS	<input type="checkbox"/> MSEE							
	<input type="checkbox"/> MST	<input type="checkbox"/> MHA								
		<input type="checkbox"/> MECM								

Please check one: Doctoral Dissertation Master's Thesis Master's Nonthesis/Research Report

ATTN: Doctoral students, please print your Dissertation/Hooding Advisor's name in the space provided. The Advisor's name will appear with yours in the Commencement program.

Dissertation / Hooding Advisor (Please Print): _____

Students must be enrolled in their graduating term. In order to meet this requirement, students who are not enrolled by the end of add/drop must pursue an administrative add to IDS 6999 and pay fees associated with one credit hour of coursework. Students should contact their college graduate office for advisement.

Student Signature: _____ **Date:** _____

I have reviewed this student's GPS/Plan of Study for graduation requirements.

College / Program Approval: _____ **Date:** _____

CGS Approval: _____ **Date:** _____