



Office of Graduate Studies  
 TCU Box 297900  
 Fort Worth, TX 76129  
 817. 257.7661

COLLEGE OF  
**EDUCATION**

ADVISOR SIGNATURE IS REQUIRED PRIOR TO SUBMISSION TO THE GRADUATE STUDIES OFFICE.

\_\_\_\_\_  
 Advisor Date  
**Intent will not be processed without signature.**

**INTENT TO GRADUATE**

TCU ID# \_\_\_\_\_ Alternate Email Address (not TCU) \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle Name Anticipated Date of Graduation Month/Year  
 Address \_\_\_\_\_ ( )  
 No. Street City State Zip Code Phone

**OFFICE USE ONLY—Do not write below line**

Degree Objective	Major	Have you completed all of the course work for your degree? Yes _____ No _____	Thesis Plan? Yes ___ No ___	Thesis advisor or Major professor	Number of thesis copies to be bound?
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<b>Do you have any "I" Grades?</b> Yes _____ No _____	<b>COURSES IN PROGRESS</b>								
	Sub	Class#	Hrs.	Sub	Class#	Hrs.	Sub	Class#	Hrs.
	Sub	Class#	Hrs.	Sub	Class#	Hrs.	Sub	Class#	Hrs.

Hours completed		Hours in progress	I grades	Total	Candidacy Approved	Orals Scheduled
TCU	Transfer					

Thesis Title:

Materials sent to Registrar:

\_\_\_\_\_  
 Date

Thesis Received:

\_\_\_\_\_  
 Department Chair Date

**Memo: Must complete courses in progress**

**NOTE TO STUDENT:** Your name has been submitted for graduation. Please notify the graduate office if there is any change in the progress towards your degree. If it is necessary to withdraw your name from the graduation list a new Intent must be filed.