



Washington University in St. Louis

UNIVERSITY COLLEGE IN ARTS & SCIENCES

INTENT TO GRADUATE FORM - **CERTIFICATE**

All students who intend to receive a Certificate must file this form. (Please use your full name.)

Name: _____ ID# _____

The name printed above is your legal name as used by the University, and indicates how it will be printed on your certificate. Please indicate accent marks, and/or usual upper and lower case letters. Any substantive name change requires legal documentation.

Name change if necessary (Be sure to include legal documentation.):

Certificate expected: _____ Semester Expected: _____

Deadlines for Filing this Form:

For August graduation, file by July 15th

For December graduation, file by October 15th

For May graduation, file by December 15th

Signature _____ Date _____

Certificates will be available for pick-up in the University College office located at 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105. You will be notified by email when your certificate is ready. You may request to have the certificate mailed immediately or to pick it up in person in the University College Office. All certificates not picked up within four weeks will be mailed to the address on this form.

Please provide your post-graduation mailing address:

Please provide your post-graduation e-mail address: _____

Cell/Home telephone number: _____

Return this form to: University College, Campus Box 1085, Washington University in St. Louis, 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105, (314) 935-6700, or FAX to (314) 935-6744.