INTENT TO GRADUATE FORM - **DEGREE**

All students who intend to receive an Associate, Bachelor's o the Intent in WebStac. (Please use your full name.)	r Master's Degree must file this form if unable to file
Name:	ID#
The name printed above is your legal name as used by the Un printed on your certificate. Please indicate accent marks, and/substantive name change requires legal documentation.	
Name change if necessary (Be sure to include legal document	ation.):
Degree expected:	Semester Expected:
Deadlines for Filin	g this Form:
For August graduation,	file by July 15th
For December graduation, f	file by October 15th
For May graduation, file b	by December 15th
SignatureD	ate
Diplomas will be available for pick-up in the Office of the Ur You will be notified by email when your diploma is ready. Al mailed to the post-graduation address you provided on your s	ll diplomas not picked up within four weeks will be
Please provide your post-graduation mailing address:	
Please provide your post-graduation E-mail address:	
Cell/Home telephone number:	

Return this form to: Washington University, University College, Campus Box 1085, 11 N. Jackson Rd., Ste. 1000,

St. Louis, MO 63105, (314) 935-6700, or FAX to (314) 935-6744.

Revised February 2017

Please provide the following information for the Alumni	and Development Office:	
Home address (after graduation):		
Business Address (after graduation):		
Scholarships/Honors/Awards:		
		_
Student Activities:		
Two References who will know your location after gradu	aation:	
Name:		
Address:		
Telephone ()		
Name:		
Address:		
Telephone ()		
Previous Degrees:		
School	Degree	Year
School	Degree	Year