INTENT TO GRADUATE FORM - DEGREE

All students who intend to receive an Associate, Bachelor’s or Master’s Degree must file this form if unable to file the Intent in WebStac. (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):

________________________________________________________________________

Degree 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______________________

Diplomas will be available for pick-up in the Office of the University Registrar (Lower Level Women’s Building). You will be notified by email when your diploma is ready. All diplomas not picked up within four weeks will be mailed to the post-graduation address you provided on your student record.

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 graduation:

Name: __________________________________________________
Address: _________________________________________________________________
Telephone (_____) ______________________

Name: __________________________________________________
Address: _________________________________________________________________
Telephone (_____) ____________________________

Previous Degrees:

School _____________________________________ Degree ____________________  Year ______

School _____________________________________ Degree ____________________  Year ______