

UNIVERSITY COLLEGE

 Washington University in St. Louis

INTENT TO GRADUATE FORM – CERTIFICATE

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

GRADUATE NAME	
FULL NAME	STUDENT ID
Note: 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.)
FILING INFORMATION	
CERTIFICATE PROGRAM	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 listed below.

POST-GRADUATION CONTACT INFORMATION		
MAILING ADDRESS	CITY, STATE, & ZIP	
	EMAIL ADDRESS	PHONE

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.