

INTENT TO GRADUATE

**** All commencement information will be communicated to you through your Cumberland email address and the Cumberland website.

CUMBERLAND Email address: _____

NAME: _____ ADVISOR: _____
(Print your name as you want it printed on your diploma)

SS#: _____ HOMETOWN: _____
CITY STATE

COMPLETION DATE: _____ PHONE: _____
Month/Year

DEGREE: BA BBA BS BSN MAE MAEL MBA MSO MSP
(Please circle)

Major: _____ Minor: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP CODE

AFTER-GRADUATION ADDRESS _____
STREET CITY STATE ZIP CODE

SIGNATURE: _____ DATE: _____

A graduation fee will be charged to your account.

ASSOCIATE'S DEGREE \$135.00
BACHELOR'S DEGREE \$200.00
MASTER'S DEGREE* \$225.00

*If you are obtaining a Master's Degree please indicate if you will be ___ Walking or ___ Not Walking

FOR OFFICE USE ONLY

Approved for Graduation _____ Graduation Date _____

Comps _____

Degree _____ Major _____

Posted _____ Yes Initials _____ Minor _____

Date _____ Signature _____

PRE:

Thrs _____ TQP _____ Chrs _____ CQP _____ Combined hrs/QP _____ GPA _____

FINAL:

Thrs _____ TQP _____ Chrs _____ CQP _____ Combined hrs/QP _____ GPA _____

Cum Laude _____ Magna Cum Laude _____ Summa Cum Laude _____

Graduation Fee: _____ Date Charged: _____

Initials: _____