



Office of Graduate Studies
 TCU Box 297900
 Fort Worth, TX 76129
 817. 257.7661

COLLEGE OF
EDUCATION

ADVISOR SIGNATURE IS REQUIRED PRIOR TO SUBMISSION TO THE GRADUATE STUDIES OFFICE.

 Advisor Date
Intent will not be processed without signature.

INTENT TO GRADUATE

TCU ID# _____ Alternate Email Address (not TCU) _____

Mr. _____
 Mrs. _____
 Ms. _____
 Last Name First Name Middle Name Anticipated Date of Graduation Month/Year

Address _____ () _____
 No. Street City State Zip Code Phone

OFFICE USE ONLY—Do not write below line

Degree Objective	Major	Have you completed all of the course work for your degree? Yes _____ No _____	Thesis Plan? Yes ___ No ___	Thesis advisor or Major professor	Number of thesis copies to be bound?
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Do you have any "I" Grades? Yes _____ No _____	COURSES IN PROGRESS								
	Sub	Class#	Hrs.	Sub	Class#	Hrs.	Sub	Class#	Hrs.
	Sub	Class#	Hrs.	Sub	Class#	Hrs.	Sub	Class#	Hrs.

Hours completed	Hours in progress	I grades	Total	Candidacy Approved	Orals Scheduled
TCU	Transfer				

Thesis Title:

Materials sent to Registrar:

 Date

Thesis Received:

 Associate Dean Date

Memo: Must complete courses in progress

NOTE TO STUDENT: Your name has been submitted for graduation **a fee will be charged to your account.** Please notify the graduate office if there is any change in the progress towards your degree. If it is necessary to withdraw your name from the graduation list a new Intent must be filed.