



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# \_\_\_\_\_

Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_ Anticipated Date \_\_\_\_\_  
 Last Name First Name Middle Name 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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<b>Do you have any "I" Grades?</b> Yes _____ No _____	<b>COURSES IN PROGRESS</b>								
	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.