

**EAST TENNESSEE STATE UNIVERSITY  
SCHOOL OF GRADUATE STUDIES**

Notice of Intention to Graduate

Office Use Only
Input on SIS: _____
Initials: _____

**\*\*Notice of Intention to Graduate will not carry over to the next semester\*\***

On line below, clearly type or print **your name as you wish it to appear on your diploma.**

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Your present local address. This should be the address at which you wish to receive correspondence relating to your graduation from ETSU. If this address changes before you graduate, please give us your new local address.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_, \_\_\_\_\_  
Campus Box Number Telephone number where you can be reached concerning graduation  
(Number where you can be reached concerning graduation.)

Include parents' name(s) and address below if you would like them to receive an invitation to your graduation.  
(optional)

\_\_\_\_\_  
Parents' Name(s)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City State Zip

**Check Relevant Degree or Certificate:**

**GRADUATE DEGREE**

- \_\_\_\_\_ Master of Accountancy
- \_\_\_\_\_ Master of Arts
- \_\_\_\_\_ Master of Arts in Liberal Studies
- \_\_\_\_\_ Master of Arts in Teaching
- \_\_\_\_\_ Master of Business Administration
- \_\_\_\_\_ Master of City Management
- \_\_\_\_\_ Master of Education
- \_\_\_\_\_ Master of Fine Arts
- \_\_\_\_\_ Master of Physical Therapy
- \_\_\_\_\_ Master of Public Administration
- \_\_\_\_\_ Master of Public Health

- \_\_\_\_\_ Master of Science
- \_\_\_\_\_ Master of Science in Environmental Health
- \_\_\_\_\_ Master of Science in Nursing
- \_\_\_\_\_ Master of Social Work
- \_\_\_\_\_ Specialist in Education
- \_\_\_\_\_ Doctor of Audiology
- \_\_\_\_\_ Doctor of Education
- \_\_\_\_\_ Doctor of Philosophy
- \_\_\_\_\_ Doctor of Physical Therapy
- \_\_\_\_\_ Doctor of Science in Nursing

**GRADUATE CERTIFICATE**

- \_\_\_\_\_ Archival Studies Certificate
- \_\_\_\_\_ Business Certificate
- \_\_\_\_\_ E-Business Certificate
- \_\_\_\_\_ Entrepreneurial Leadership Certificate
- \_\_\_\_\_ Epidemiology Certificate
- \_\_\_\_\_ Gerontology Certificate
- \_\_\_\_\_ Healthcare Management Certificate
- \_\_\_\_\_ Post Master's Nursing Certificate

Semester in which requirements for the degree will be completed: \_\_\_\_\_, 20 \_\_\_\_\_  
(semester) (year)

**FIELD OF STUDY:** \_\_\_\_\_ **CONCENTRATION:** \_\_\_\_\_

**I have read the Notice of Intention to Graduate and understand that if I do not satisfy the degree requirements for the above stated semester, I must submit a new form in the next term and every applicable term thereafter.**

\_\_\_\_\_  
Signature Date