

EAST TENNESSEE STATE UNIVERSITY SCHOOL OF GRADUATE STUDIES

Office Use Only

Input on Banner _____

Initials _____

College _____

Program _____ - _____

Concentration _____

Grad Prog Specialist _____

Notice of Intention to Graduate

****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.**

Student ID: E _____

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 E-mail
(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

- | | | |
|--|--|---|
| <input type="checkbox"/> Master of Accountancy | <input type="checkbox"/> Master of Physical Therapy | <input type="checkbox"/> Specialist in Education |
| <input type="checkbox"/> Master of Allied Health | <input type="checkbox"/> Master of Professional Studies | <input type="checkbox"/> Doctor of Audiology |
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Master of Public Administration | <input type="checkbox"/> Doctor of Education |
| <input type="checkbox"/> Master of Arts in Liberal Studies | <input type="checkbox"/> Master of Public Health | <input type="checkbox"/> Doctor of Environmental Health Science |
| <input type="checkbox"/> Master of Arts in Teaching | <input type="checkbox"/> Master of Science | <input type="checkbox"/> Doctor of Philosophy |
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Master of Science in Environment Health | <input type="checkbox"/> Doctor of Public Health |
| <input type="checkbox"/> Master of City Management | <input type="checkbox"/> Master of Science in Nursing | <input type="checkbox"/> Doctor of Physical Therapy |
| <input type="checkbox"/> Master of Education | <input type="checkbox"/> Master of Social Work | <input type="checkbox"/> Doctor of Science in Nursing |
| <input type="checkbox"/> Master of Fine Arts | | |

GRADUATE CERTIFICATE

Note: Certificate earners do not participate in the graduation commencement ceremony

- | | | |
|---|---|--|
| <input type="checkbox"/> Archival Studies Certificate | <input type="checkbox"/> Emerging Tech. Certificate | <input type="checkbox"/> Forensic Document Analysis |
| <input type="checkbox"/> Biostatistics Certificate | <input type="checkbox"/> Entrepreneurial Leadership Certificate | <input type="checkbox"/> Healthcare Management Certificate |
| <input type="checkbox"/> Business Certificate | <input type="checkbox"/> Epidemiology Certificate | <input type="checkbox"/> Post Master's Nursing Certificate |
| <input type="checkbox"/> E-Business Certificate | <input type="checkbox"/> Gerontology Certificate | <input type="checkbox"/> Teaching English as a Second Language |

Semester in which requirements for the degree will be completed: _____, 20_____
(Semester) (Year)

GRADUATE MAJOR: _____ **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

****Graduation invitations will not be mailed outside the U.S. Students wishing to receive invitations to mail outside the U.S. should contact the School of Graduate Studies. ****