

# 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 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

### GRADUATE CERTIFICATE

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Master of Accountancy             | <input type="checkbox"/> Master of Science                            | <input type="checkbox"/> Archival Studies Certificate              |
| <input type="checkbox"/> Master of Allied Health           | <input type="checkbox"/> Master of Science in<br>Environmental Health | <input type="checkbox"/> Biostatistics Certificate                 |
| <input type="checkbox"/> Master of Arts                    | <input type="checkbox"/> Master of Science in Nursing                 | <input type="checkbox"/> Business Certificate                      |
| <input type="checkbox"/> Master of Arts in Liberal Studies | <input type="checkbox"/> Master of Social Work                        | <input type="checkbox"/> E-Business Certificate                    |
| <input type="checkbox"/> Master of Arts in Teaching        | <input type="checkbox"/> Specialist in Education                      | <input type="checkbox"/> Emerging Tech. Certificate                |
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Doctor of Audiology                          | <input type="checkbox"/> Entrepreneurial Leadership<br>Certificate |
| <input type="checkbox"/> Master of City Management         | <input type="checkbox"/> Doctor of Education                          | <input type="checkbox"/> Epidemiology Certificate                  |
| <input type="checkbox"/> Master of Education               | <input type="checkbox"/> Doctor of Environmental<br>Health Science    | <input type="checkbox"/> Gerontology Certificate                   |
| <input type="checkbox"/> Master of Fine Arts               | <input type="checkbox"/> Doctor of Philosophy                         | <input type="checkbox"/> Healthcare Management<br>Certificate      |
| <input type="checkbox"/> Master of Physical Therapy        | <input type="checkbox"/> Doctor of Public Health                      | <input type="checkbox"/> Post Master's Nursing Certificate         |
| <input type="checkbox"/> Master of Professional Studies    | <input type="checkbox"/> Doctor of Physical Therapy                   | <input type="checkbox"/> Teaching English as a Second<br>Language  |
| <input type="checkbox"/> Master of Public Administration   | <input type="checkbox"/> Doctor of Science in Nursing                 |  |
| <input type="checkbox"/> Master of Public Health           |   |  |

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