

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

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

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