

# 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.**

Identification 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

- |   |  |
|---|--|
| _____ Master of Accountancy             | _____ Master of Science                            |
| _____ Master of Arts                    | _____ Master of Science in<br>Environmental Health |
| _____ Master of Arts in Liberal Studies | _____ Master of Science in Nursing                 |
| _____ Master of Arts in Teaching        | _____ Master of Social Work                        |
| _____ Master of Business Administration | _____ Specialist in Education                      |
| _____ Master of City Management         | _____ Doctor of Audiology                          |
| _____ Master of Education               | _____ Doctor of Education                          |
| _____ Master of Fine Arts               | _____ Doctor of Philosophy                         |
| _____ Master of Physical Therapy        | _____ Doctor of Physical Therapy                   |
| _____ Master of Public Administration   | _____ Doctor of Science in Nursing                 |
| _____ Master of Public Health           |  |

#### 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