INTENT TO GRADUATE

MARTIN METHODIST COLLEGE

Please Print.

Students are responsible for making sure they are enrolled in the courses required to meet the graduation requirements specified within their major. This form should be completed and submitted to the Registrar's Office prior to the end of the Junior year for baccalaureate graduates, and no later than October 1 for associate graduates. The graduation fee must be paid in the Business Office before the day of graduation.

Student Name: _____ **SSN/ID:** _____

Print your name as you wish it to appear on your diploma

Address: _____ **Telephone No.:** _____

Hometown State/Country

☐ **A.A. Program:** General Studies **Mentor:** _____

☐ **B.A.** ☐ **B.S.** **1st Major/Program:** _____ **Mentor:** _____

☐ **B.A.** ☐ **B.S.** **2nd Major/Program:** _____ **Mentor:** _____

FINAL YEAR COURSE SCHEDULE

COURSE NUMBER	COURSE TITLE	DAYS	TIME	CREDIT HOURS	SEMESTER/ MODULE

Total Credit Hours: _____

PERSONAL DATA

Indicate membership in any of the following:	
Gamma Beta Phi	
Sigma Beta Delta	
Sigma Tau Delta	
Pi Gamma Mu	
Honor Program	

☐ Male ☐ Female

Height: _____

Weight: _____

Will you be participating in Commencement?

Yes ☐ No ☐

Student's Signature: _____ **Date:** _____

Mentor's Signature: _____ **Mentor's Signature:** _____

Registrar's Signature: _____ **Date:** _____

V. P. of Academic Affairs' Signature: _____ **Date:** _____

01/03/06