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: _____ **Student ID:** _____
Print your name as you wish it to appear on your diploma

Address: _____ **Telephone No.:** _____
Hometown State/Country

Date of Intended Graduation: _____

☐ **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

PERSONAL DATA

Indicate membership in any Honor Societies:

Honors Program	

☐ **Male** ☐ **Female**

Height: _____

Weight: _____

Will you be participating in Commencement?

Yes ☐ **No** ☐

Total Credit Hours: _____

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

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

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

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