

**College of Communication
Graduate Studies
Intent to Graduate**

Last Name, First Name, Middle Initial		TCU ID	Date
Local Address		City	State Zip
Permanent Address		City	State Zip
Phone _____	Cell _____	EMail _____	
MS Degree Objective	Major	<input type="checkbox"/> Yes <input type="checkbox"/> No Course work Completed?	<input type="checkbox"/> Yes* <input type="checkbox"/> No Thesis Plan

*Thesis Dissertation Title		*Bound Copies	
Expected Graduation Date	Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No Incomplete Grades? **	
** "I" grades, except thesis/dissertation, must be removed before your oral can be scheduled			
Courses in Progress			
_____	_____	_____	_____

College Evaluation Do Not Complete Below This Line

TCU	Transfer	Hours Completed	Hours in Progress	Incomplete Grades
Date Approved	Oral Scheduled	Th/Dis Due	Th/Dis Rec'd	Corrections Rec'd

_____	_____
_____	_____

Material to Registrar	Comments
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NOTE TO STUDENT: Your name has been submitted to the Registrar for the degree indicated. Please read the office notation. If your records disagree with this, please notify the Graduate Studies Office at once. Notify us of any change in your plans. If it is necessary to withdraw your name, a new Intent to Graduate Form must be filed.

cc: Student
Department
Registrar