

INTENT TO GRADUATE FORM

Please complete the information below and send the completed form to the

Office of Student and Academic Services at cph@unthsc.edu.

***Commencement is held once a year in May; refer to the academic calendar for the date.**

Date Submitted:

Student Name:

Student ID Number:

UNTHSC Email Address:

Semester:

Year of Completion:

Degree Information:

MPH

MHA

MS

PhD

Concentration:

Participating in the SPH Commencement Ceremony:

Yes

No

Culminating Experience:

CPH Exam:

Dissertation:

Title of Thesis/Dissertation:

Student Signature: _____

*By signing this form, I authorize the Student Financial Office to add the associated fees to my student bill.