

LINFIELD COLLEGE
DIVISION OF CONTINUING EDUCATION

Intent to Graduate

Please type or print legibly

Name (to be printed on diploma & commencement program)

Pronunciation of Name

Graduation Date* (when all degree requirements will be complete)

Year _____ Circle one: **Fall Winter Spring Summer**

If you want to participate in commencement but will complete degree requirements after commencement, complete a 'Petition to Participate in Commencement' form available in your advisor's office. Petitions must be filed by the following dates: **Fall - Nov. 15 Spring - Apr. 1*

Degree Circle one: **BA BS BSN**

Major

Minor

Certificate

Commencement Participation:**

Year _____ Circle one: **Fall Spring Neither**

***You may choose not to participate in any ceremony, but your name will be in the program.*

Street Address

City, State, ZIP

Linfield Identification Number

Email Address

Home Phone Number

Work Phone Number

Student Signature

Date

Office Use Only

Degree Verified/
Approved to Graduate:

Grad Date: _____

Honors: _____

Init: _____

Degree Recorded on Transcript:

Date: _____

Init: _____

Diploma Awarded – Ceremony

Date: _____

Init: _____

Diploma Mailed:

Date: _____

Init: _____

Received: _____

Init: _____

L. C. Requirements:

Major/Minor Requirements

College Math: _____

GPA: _____

BA/BS/BSN: _____

Mail to: Division of Continuing Education
Linfield College
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McMinnville OR 97128

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(800) 452-4176
3/2009