

# LINFIELD COLLEGE

Office of the Registrar

## INTENT TO GRADUATE

Please Type or Print Legibly

NAME (as to appear printed on diploma & commencement program)

PRONUNCIATION (how name should be spoken at commencement ceremony)

Home Town & State (International Students: Home Town & Country)

DEGREE Circle one: BA BS START TERM: \_\_\_\_\_

MAJOR (1) \_\_\_\_\_

MAJOR (2) \_\_\_\_\_

MAJOR (3) \_\_\_\_\_

Minor (1) \_\_\_\_\_

Minor (2) \_\_\_\_\_

Minor (3) \_\_\_\_\_

GRADUATION DATE \* (semester all degree requirements will be complete)

YEAR \_\_\_\_\_ Circle one: Fall January Spring Summer

COMMENCEMENT PARTICIPATION \*\*

YEAR \_\_\_\_\_ Circle one: Fall Spring Not Walking

REUNION WITH CLASS OF: \_\_\_\_\_ (YEAR)

### Office Use Only:

Catalog Year: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degree Audit Date(s):

\_\_\_\_\_  
\_\_\_\_\_

Degree Verified/Approved to Graduate

Grad Date: \_\_\_\_\_

Honors: CUM \_\_\_\_\_  
MAGNA \_\_\_\_\_  
SUMMA \_\_\_\_\_  
None \_\_\_\_\_

Initial/Date: \_\_\_\_\_

Degree Recorded on Transcript:

Initial/Date: \_\_\_\_\_

Account Cleared: \_\_\_\_\_

Diploma Released: \_\_\_\_\_

Commencement \_\_\_\_\_

Mail /C-R-R \_\_\_\_\_

Pick-up \_\_\_\_\_

\* If you want to participate in commencement but will be within 6 credits of completion of your degree requirements after commencement, complete a 'Petition to Participate in Commencement' form available in the Registrar's Office.

Petitions must be filed by the following dates: FALL – Nov. 15 SPRING – Apr. 1

\*\* You may choose not to participate in any ceremony, but your name will be printed in the program unless you request otherwise.

Student Signature

Linfield ID Number

Date

Cell Phone Number

Linfield Email Address

Linfield Unit Number

Local Phone Number

Advisor's Name

I \_\_\_ Spro \_\_\_ Sgrd \_\_\_

IPO Signature (International Students)

Date