

## INTENT TO GRADUATE

**Deadline to Submit:** June 1 (August graduation); August 1 (October graduation); October 1 (January graduation); February 1 (May graduation)

**Instructions:**

1. Complete and save this form as a PDF
2. Submit the form via e-mail attachment to the Graduate College at [gradcoll@uvm.edu](mailto:gradcoll@uvm.edu) WITH A CC: TO YOUR ADVISOR AND YOUR DEPARTMENT CONTACT
3. Advanced Degree Fees will be charged to your student account upon receipt at the following rates:  
*Certificate-\$10; Master's - \$20; Doctoral - \$35*

**NAME IN THE UVM SYSTEM- FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**NAME** AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA and in the Commencement Program: \_\_\_\_\_

\_\_\_\_\_  
Please write your name pronunciation for the Ceremony : \_\_\_\_\_

**UVM STUDENT ID NUMBER:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_  
Street Address City State Zip Code

*Your diploma will be mailed if you do not attend the ceremony; please update your address with the Registrar's Office as well.*

\_\_\_\_\_  
**UVM Email Address**

\_\_\_\_\_  
**Non-UVM Email Address**

**DEGREE:**  
(Select one)

**WRITING A:** Dissertation  
(Select one) Thesis  
Non-Thesis

May October

**PROGRAM** \_\_\_\_\_

**GRADUATION TERM:**

August January

**YEAR:** \_\_\_\_\_

**DATE COMPREHENSIVE EXAMS WERE COMPLETED:** \_\_\_\_\_

**PREVIOUS DEGREES EARNED (Ex: BA, MEd, AS, etc.):**

\_\_\_\_\_  
Degree College or University Name Year

\_\_\_\_\_  
Degree College or University Name Year

**HOMETOWN (City and State/City and Country):** \_\_\_\_\_ (for Commencement Program)

**GPA:** \_\_\_\_\_ **Advisor Name:** \_\_\_\_\_

**Program Coordinator/Director Name:** \_\_\_\_\_

**I acknowledge that upon receipt of this form, an Advanced Degree Fee will be charged to my UVM account**