

Intent to Graduate Form - Undergraduate

College of Education

Concordia University Chicago

Name (Print): _____ Phone: _____
(Please **carefully print name** as it should appear on your diploma.)

ID: _____ Non-Concordia Email: _____

Hometown (for listing in commencement program): _____

Check the appropriate Graduation:

_____ Summer Graduation 2012 (deadline: **April 1, 2012**) _____ Fall Graduation 2012 (deadline: **August 1, 2012**)

_____ Spring Graduation 2013 (deadline: **December 1, 2012**)

.....
____ I do **NOT** want my name printed in the appropriate (May/December) Commencement program.

____ I do **NOT** plan to participate in the appropriate (May/December) Commencement ceremony.

____ I am getting degrees from **TWO** different colleges (e.g. Education and Arts & Sciences or Arts & Sciences and Business).

Please check any of the following that apply:

LTE Pre-Seminary Deaconess DCE Concordia Scholar

.....
Degree to be awarded: (please check appropriate degree)

_____ Early Childhood-----Specialty Area 1: _____ Specialty Area 2: _____

_____ Elementary-----Specialty Area 1: _____ Specialty Area 2: _____

_____ Secondary-----Major 1: _____ Major 2: _____

Minor 1: _____ Minor 2: _____

_____ K-12----(choose one)---- Art Music P.E. Spanish Special Education

_____ Director of Christian Education

Single Certification (DCE Only) Dual Certification (DCE & LTE)

_____ Middle School Endorsement; Area(s): _____

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Mailing address for **Graduation Information** (6-8 weeks **prior** to graduation):

Street City State Zip

Mailing address for your **Diploma** (approximately 6-8 weeks **after** graduation or a reliable other address):

Street City State Zip

➤ **Signature:** _____ **Date:** _____

By signing above, you agree to pay the Graduation Fee, which is assessed and payable one month prior to the graduation date. If you fail to graduate as indicated above, you must re-file another intent; an additional graduation fee will be charged.

Office Use Only: CW verified Scholar? Honors: N/A CL MCL SCL

Concordia University Graduation Audit
(office use only)

Student Name: _____ H# _____

Major(s): _____ Anticipated Graduation Date: _____

Minor(s): _____ Auditor: _____

Date of Audit				
Cumulative GPA				
Concordia Hours Earned				
Transfer Credit Earned				
Fall Registration				
Spring Registration				
May Term Registration				
Summer Registration				
Anticipated Correspondence				
Anticipated Transfer Credit				
Anticipated CLEP Credit				
Total Hours Toward Graduation				

Requirements missing for Graduation: