Intent to Graduate Form – Graduate
Doctoral Programs
Concordia University Chicago

Name (Print): __________________________________________ Phone: ___________________

(Please carefully print name as it should appear on your diploma.)

ID: ___________________________________________ Advisor: __________________________________

Non-Concordia Email Address: __________________________________________________________________

Hometown (for listing in Commencement Program): __________________________________________________

Deadlines for filing your intent with the Registrar’s Office:

Summer Graduation 2017 (deadline: April 1, 2017)
Fall Graduation 2017 (deadline: August 1, 2017)
Spring Graduation 2018 (deadline: December 1, 2017)

____ 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.

Degree to be awarded: (please check appropriate degree)

Doctor of Education (Ed.D)

☐ Early Childhood
☐ Leadership: Sports Management
☐ Leadership: School Leadership
☐ Leadership: Educational Leadership (District)
☐ Leadership: Higher Education Leadership
☐ Leadership: Community College Leadership

☐ Leadership: Organizational Leadership
☐ Leadership: School Leadership
☐ Leadership: Teacher Leadership
☐ Reading Language & Literacy
☐ Educational Leadership – Experienced Leader (SAIL)
☐ School Leadership – Initial Leader (SAIL)

Doctor of Philosophy (Ph.D)

☐ Early Childhood
☐ Leadership: Sports Management
☐ Leadership: School Leadership
☐ Leadership: Educational Leadership (District)
☐ Leadership: Higher Education Leadership
☐ Leadership: Community College Leadership

☐ Leadership: Organizational Leadership
☐ Leadership: School Leadership
☐ Leadership: Teacher Leadership
☐ Reading Language & Literacy
☐ Educational Leadership – Experienced Leader (SAIL)
☐ School Leadership – Initial Leader (SAIL)

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.