TCU's HARRIS COLLEGE OF NURSING AND HEALTH SCIENCES

Intent to Graduate

Month Year						
NameLast / first / n	niddle					
TCU ID #			Today's date	/	/	
Address		Cit	ty		Zip code	
Home telephone	Cell phone	Pager	Emai	l address		
Degree(s)	Major(s)		Minor(s)			
Have all paperwork for t	transfer courses been subressent to the TCU Registrar	mitted? before transfer cre	edit can apply to you	Yes ır degree pla	No n)	
Are you repeating a cou	rse this semester <u>OR</u> in yo	our final semester	?	Yes	No	
Academic adviser						
List Course names & r	numbers you're currently ta	aking List Cours semester	e names & number	s you'll take	in final	
		1				
PLEASE BE AWARE T	HAT YOU MUST FULFILL	. ALL UNIVERSIT	Y, COLLEGE AND	DEPARTM	ENT	
REQUIREMENTS FOR	GRADUATION. BEYONE DEGREE MUST EARN A C	THE CURRICUL	LAR REQUIREMEN	NTS, EACH	CANDIDATE	
	DEPARTMENT(S) OF THE GREATER THAN 2.0 AS N				AMS MAY	
Student's signature						