

Intention to Graduate Card



TEXAS CHRISTIAN UNIVERSITY

TCU ID #: _____

Mr. _____
 Mrs. _____
 Miss. _____

Anticipated date of graduation _____
 Month _____ Year _____

Local Address _____
 No. _____ Street _____ City _____ State _____ Zip Code _____ Phone _____

Permanent Address _____
 No. _____ Street _____ City _____ State _____ Zip Code _____ Phone _____

Degree objective	Major Subject	Have you completed course work for your degree? Yes ___ No ___	Thesis plan? ___ Yes ___ No (If yes, give title below)	Thesis advisor or Major professor	Number of thesis copies to be bound
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COURSES IN PROGRESS

Do you have any I grades? ___ Yes ___ No
 (I grades, except thesis/dissertation, must be removed before your oral can be scheduled)

OFFICE NOTATION

Hours completed		Hours in progress	I grades	Cand. approved	Oral scheduled	Th/Dis due	Th/Dis rec'd	Corrected Th/Dis rec'd?
TCU	Transfer			date	date	date	date	date

Material to Registrar

 date _____

Thesis dissertation title:

Memo:

NOTE TO STUDENT: Your name has been submitted to the Registrar for the degree indicated. Please read the office notation. If your records disagree with this, please notify the appropriate office at once. Notify us of any change in your plans. If it is necessary to withdraw your name, a new Intent to Graduate Form must be filed.

This Form Contains Special Paper

No Carbon Required

PRESS DOWN HARD!

FA Form 277 1/99

White - File

Yellow - Registrar

Pink - Department

Gold - Student