UNIVERSITY OF NORTH CAROLINA
SCHOOL OF THE ARTS
INTENT TO GRADUATE

NAME _____
First Middle Last
(PRINT CLEARLY SO YOUR DIPLOMA CAN BE ORDERED CORRECTLY)

STUDENT ID # _____ UNCSA Box No. _____

SCHOOL/MAJOR_____
(M.M./M.F.A./B.M./B.F.A./Diploma)

Expected date of Graduation: **End of Fall _____ Year _____**
Winter _____
Spring _____
Summer _____

Permanent Mailing Address

Please use an address where diploma can reach you in the event you are unable to attend Commencement.

_____
Street

_____
City **State** **Zip**

PARENTS' NAMES_____
PARENTS' ADDRESS (if different from above)_____
_____

FOR OFFICE USE ONLY

Records Checked_____

Records Reviewed with Student_____

Commencement Fee Paid_____

Diploma Ordered_____

Diploma Received_____

Final Clearance_____

Diploma Prepared_____

Diploma Given to Student or Mailed_____