

St. Luke's College
Intent to Graduate Application Form
Return to Student Services (Suite #410)

Diploma Information (Please Print Your Name):

First: _____ Middle: _____ Last: _____

Degree Program (please indicate one) :

Certificate Associate Degree Bachelor's Degree

Program: _____ (i.e. Nursing)

Expected Term/Year of Completion (Check one):

Fall 20____ (year) – *Winter Ceremony (December)*
 Spring 20____ (year) – *Spring Ceremony (May)*
 Summer 20____ (year) - *Personal Preference (with approval)*

I plan to participate in Commencement *(Complete the remainder of the form)* I do **not** plan to participate in Commencement *(STOP-Do not complete the remainder of the form)*

Pronounced: _____ ex. Kay-lee Jōnz

Cap & Gown Fitting Information:

Height: _____ Weight: _____

I authorize St. Luke's College to print my name in the Commencement Program

Signed: _____ Date: _____

Note: The College is not responsible to accommodate any changes to the above information once the application has been filed.

For Office Use Only:

This form to be Stored Electronically

Initial Degree Audit – Completed by: _____ Date: _____

Cumulative GPA: _____ Honors: _____ Date: _____

Final Degree Audit – Completed by: _____ Date: _____

Actual Completion Date: _____

Exit Interview (if applicable) Completion date: _____

Resolution of Financial Obligations: _____

Program Chairperson Signature: _____ Date: _____

Diploma mailed: _____ Signed: _____