## PEPPERDINE UNIVERSITY

## The George L. Graziadio School of Business & Management INTENT TO GRADUATE

If you have a change of name during your career at Pepperdine and need to update your student records to reflect your current name, please submit copies of legal document such as a court decree/order, marriage license/certificate or other supporting documentation with your intent to graduate form.

Please type or print cle	early				
NAME (AS YOU WIS	H IT TO APPEAR ON Y	OUR DIPLOMA (FIRST, MII	DDLE, LAST)		
SOCIAL SECURITY NUMBER		DATE OF BIRTH		SEX F	
			′		
TRIMESTER YOU EXPECT TO GRADU	ATE: Fall (Dec	eember) Spring (A	April)	Summer (August)	Year:
DEGREE YOU EXPECT TO RECEIVE:	B.S.Mgmt. EMBA PKE/MBA MSOD	MBA Maliba JD-MBA MBA/MPP MIB			BFE (Fully Employed)
		ADDRESS FOR MAIL	ING DIPLOM	[A	
NUMBER/STREET				APA	ARTMENT OR C/O
CITY			STATE	ZIP	CODE
COUNTRY (Other than USA)				TELEPHONE NUMBER	
• •	attend the graduation	· · · · · · · · · · · · · · · · · · ·	Yes Yes	No No If yes,	when?
SIGNATURE X		DATE			
		FOR OFFICE US	SE ONLY		
GRADUATION FEE	AMOUNT	REGISTRAR'S OFFICE			DATE