

**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 clearly

NAME (AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA (FIRST, MIDDLE, LAST))

SOCIAL SECURITY NUMBER

____ - ____ - _____

DATE OF BIRTH

____ / ____ / ____

SEX

M F

TRIMESTER YOU
EXPECT TO GRADUATE:

Fall (December) Spring (April) Summer (August)

Year: _____

DEGREE YOU
EXPECT TO
RECEIVE:

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> B.S.Mgmt. | <input type="checkbox"/> MBA Malibu | |
| <input type="checkbox"/> EMBA | <input type="checkbox"/> JD-MBA | <input type="checkbox"/> MBA/MBAJ/MBFE (Fully Employed) |
| <input type="checkbox"/> PKE/MBA | <input type="checkbox"/> MBA/MPP | Emphasis _____ |
| <input type="checkbox"/> MSOD | <input type="checkbox"/> MIB | |

ADDRESS FOR MAILING DIPLOMA

NUMBER/STREET

APARTMENT OR C/O

CITY

STATE

ZIP CODE

COUNTRY (Other than USA)

TELEPHONE NUMBER

Do you plan to attend the graduation ceremony?

Yes No

Have you previously applied for graduation?

Yes No If yes, when? _____

SIGNATURE X _____

DATE _____

FOR OFFICE USE ONLY

GRADUATION FEE AMOUNT

REGISTRAR'S OFFICE

DATE