PEPPERDINE **SEAVER COLLEGE**

INTENT TO GRADUATE

(Seaver Undergraduate)

Student Information:

| NAME ~ THE WAY YOU WANT IT TO APPEAR <u>ON YOUR DIPLOMA</u> * | | | | | |
|---|----------------------|--|--|--|--|
| STUDENT ID NUMBER | DATE OF BIRTH GENDER | | | | |
| STODENT ID NOMBER | | | | | |
| | | | | | |
| *If you have had 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 documentation such as a court decree/order, marriage license/certificate or other supporting documentation with your intent to graduate form. Pepperdine University awards one diploma for each level of academic degree earned (e.g. bachelor, master). This diploma reflects all majors/program completed for that level of degree. Degree Information: | | | | | |
| SEMESTER YOU EXPECT TO COMP | | | | | |
| Fall (December) Spring (April) Summer (August) Year: | | | | | |
| DEGREE(S) YOU EXPECT TO RECEIVE: | | | | | |
| B.S. Major(s) | : | | | | |
| | | | | | |
| B.A. Major(s) | : | | | | |

Address for Mailing Diploma: (Allow 6-8 weeks after degree date for delivery)

| NUMBER/STREET | | APARTMENT OR C/O |
|-----------------------------|------------------|------------------|
| CITY | STATE | ZIP CODE |
| COUNTRY (if other than USA) | TELEPHONE NUMBER | |

Additional Information

| PERMANENT ADDRESS | | APARTMENT OR C/O | |
|---|----------------|----------------------|--|
| HOME EMAIL ADDRESS | MOBILE PHONE N | IUMBER | |
| Do you plan to participate in the April graduation ceremony? Have you previously applied for graduation? | | □Yes □No □Yes □No | |
| | If yes, when | ? | |
| May we notify 3 rd parties (parents, guardians etc.) of your graduation? May we announce your GPA if you are honored during the ceremony? | | □Yes □No □Yes □No | |
| I have read my Degree Audit Report and graduation information and understand my responsibility to complete all degree requirements specified in this report and the Seaver College catalog. | | | |

SIGNATURE _____ DATE _____

| If you expect to complete your degree during the Summer term, please also affirm the following statements |
|--|
| As a potential summer graduate, I agree to complete all degree requirements in which I am pre-registered in order to qualify to participate in the spring graduation ceremony. If I withdraw from my summer courses after having participated in the spring graduation ceremony, my student account will be charged a forfeit fee equal to 100% of the tuition charges for the summer courses for which I am enrolled. I understand that academic honors can only be granted after all coursework is completed and graded. I understand that I must have 12 or fewer units to complete in the summer in order to participate in the graduation ceremony. I understand that all summer degrees will confer in August. |
| SIGNATURE DATE |

| FOR OFFICE | OSIS | DATE |
|------------|------|------|
| USE | | |