

## SCHOOL OF PUBLIC POLICY INTENT TO GRADUATE

Please type or print name clearly: (AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA)

FIRST	MIDDLE	LAST
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IF NAME GIVEN ON THIS FORM IS DIFFERENT FROM CURRENT NAME, PLEASE INCLUDE SUPPORTING LEGAL DOCUMENTS (BIRTH CERTIFICATE, MARRIAGE LICENSE, COURT ORDER, MARRIAGE ANNULMENT, ETC.)

SOCIAL SECURITY # ____ - ____ - ____	DATE OF BIRTH ____ / ____ / ____	SEX M <input type="checkbox"/> F <input type="checkbox"/>
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TERM YOU EXPECT TO COMPLETE YOUR DEGREE:  FALL (December)  SPRING (April)  SUMMER (July/August) YEAR: \_\_\_\_\_

DEGREE YOU EXPECT TO RECEIVE:	<input type="checkbox"/> MPP <input type="checkbox"/> J.D. - MPP <input type="checkbox"/> MBA - MPP <input type="checkbox"/> MDR - MPP	<b>SPECIALIZATION (Check one)</b> <input type="checkbox"/> Public Policy and Economics <input type="checkbox"/> Public Policy and American Politics <input type="checkbox"/> Public Policy and International Relations <input type="checkbox"/> Regional and Local Policy
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CHANGE OF ADDRESS **PERMANENT ADDRESS FOR DIPLOMA MAILING**

NUMBER/STREET	APARTMENT OR C/O	COUNTRY (Other than USA)
CITY	STATE	ZIP CODE
		PHONE # (       )

DO YOU PLAN TO ATTEND THE GRADUATION CEREMONY?  YES  NO

HAVE YOU PREVIOUSLY APPLIED FOR GRADUATION?  YES  NO IF YES, WHEN? \_\_\_\_\_

**X** \_\_\_\_\_ / /

STUDENT'S SIGNATURE DATE

**FOR OFFICE USE ONLY**

GRADUATION FEE AMOUNT	REGISTRAR'S OFFICE	DATE
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