

# College of Pharmacy

## Intent to Graduate

Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Local Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Expected Graduation Date: May/August/December \_\_\_\_\_  
(circle Month) Year

### Major or Minor Information

A. Have you completed another major, while here for your Pharm.D? Y/N

If yes, please indicate the major \_\_\_\_\_

B. Have you completed a minor(s) while here for your Pharm.D? Y/N

If yes, please indicate the minor(s) \_\_\_\_\_

**Deadlines : To be submitted by the following deadlines for graduation**  
**November 1 for May and August      April 30 for December**

**NOTE: All Intents must be returned to the Dean's Office (#117 Fogarty Hall) accompanied by an advising transcript. It is your responsibility to insure that you have no restrictions or holds before you graduate. You need to do this in order to receive your diploma and to be published in all graduation materials.**