

# PEPPERDINE UNIVERSITY

SEAVER COLLEGE OF LETTERS, ARTS, AND SCIENCES

## INTENT TO GRADUATE

(Graduate)

Please type or print clearly

NAME ~ AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA*		
STUDENT ID NUMBER	DATE OF BIRTH	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

\*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.

<b>SEMESTER YOU EXPECT TO COMPLETE YOUR DEGREE:</b> <input type="checkbox"/> Fall (December) <input type="checkbox"/> Spring (April) <input type="checkbox"/> Summer (August)    Year: _____		
<b>DEGREE YOU EXPECT TO RECEIVE:</b>		
<input type="checkbox"/> MFA.	Major: _____	
<input type="checkbox"/> M.S.	Major: _____	
<input type="checkbox"/> M.A.	Major: _____	
<input type="checkbox"/> MDIV		

### ADDRESS FOR MAILING DIPLOMA (Allow 6-8 weeks after degree date for delivery)

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

Does your graduate program require a thesis?

Yes     No

Do you plan to participate in the April graduation ceremony?

Yes     No

Have you previously applied for graduation?

Yes     No

If yes, when? \_\_\_\_\_

I understand my responsibility to complete all degree requirements as specified in the Seaver College catalog.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PERSONAL EMAIL ADDRESS \_\_\_\_\_

Please return this application to the following address.

**Pepperdine University Registrar**  
24255 Pacific Coast Highway  
Malibu, CA 90263-4280

FOR OFFICE USE	OSIS	DATE
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