



INTENT TO GRADUATE

1. Your name as you are registered at TTUHSC:

First: _____ Middle: _____ Last: _____

2. Do you plan to participate (walk) in the **May 2012** graduation? Yes No

3. Male Female Height (with shoes): _____ Weight: _____ Cap Size: _____

4. What campus do you attend: Lubbock Abilene Amarillo Dallas
 El Paso Odessa/Midland Distance

5. School you are enrolled in at TTUHSC: SoAH SoN SoM GSBS SoP

6. Program you are enrolled in: _____ Bachelor Master Doctor

7. Date of Degree completion (the month you will receive your diploma):

December 2011 May 2012 August 2012 December 2012

8. Phone Number (including area code): ____/____/____

9. Permanent Address (including city, state and zip code): _____
 _____/_____/_____

10. Student ID#: R _____

11. Diploma Name (Enter your name **EXACTLY** as you want it to appear on your diploma including punctuation and accents):

12. Commencement Program Information: Provide the following information for use in the program. This information is required.

Hometown City: _____ Hometown State/Country: _____

13. Previous Degrees: (ONLY list Bachelors, Masters, and Ph.D. Degrees) example: B.A., B.S., M.B.A., etc...

1. Degree: _____

College or University Name (Do NOT abbreviate): _____

2. Degree: _____

College or University Name (Do NOT abbreviate): _____

I hereby authorize the Office of Student Services of Texas Tech University Health Sciences Center to use information listed above in the Graduation Program and related publications.

Your Full Name: _____ Email address: _____

Signature: _____ Date: ____/____/_____