

Intent to Graduate Application Instructions

If you have any problems with the form or any questions, please contact the Office of the Registrar at registrar@ttuhsc.edu or 806-743-7347.

Health Professions students: Please contact Traci Dickenson (traci.dickenson@ttuhsc.edu) or 806-743-3220 with any questions or problems.

1. Log into the WebRaider Portal with your eRaider username and password:
<https://eraider.ttuhsc.edu>
2. Click the HSC MyTech tab. Under Manage My Enrollment, click on Commencement and then Apply to Graduate.

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER..
WebRaider

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Action Items

- ▶ Student Health
- ▶ Mental Health Resources
- ▶ Quick Links

Manage My Enrollment

- ▶ **Registration**
- ▶ **Commencement**
 - Apply to Graduate
 - Cap & Gown Information

3. Select your term for graduation from the drop down menu (should only be one option), and click continue.

Select Term: * ▼

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4. Select your current program and click continue. (Please make sure to double check that the information listed is correct, if not please contact the Office of the Registrar.)

Select Curriculum *

Current Program
Doctor of Pharmacy

Campus: Abilene HSC
College: School of Pharmacy
Department: Pharmacy
Level: Pharmacy-Doctoral
Major: Pharmacy
Program: Pharmacy

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5. Please specify if you give your consent for the school to print your name in the Commencement Program. **(If you select no, we will not print your name in any commencement materials).**

Then enter your hometown information, which is included in the commencement program.

The final question asks if you have a job lined up upon graduation, select yes or no and click continue. (If you select yes, it will ask for the name of your employer as seen below in the screenshot.)

Please indicate yes or no if you consent to authorize Texas Tech to include your name in the commencement program:

Commencement Program* Yes No

Hometown:*

Do you have (or have you been promised) a job upon graduation?* Yes No

What is the name of your current/future employer?*

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6. Select your Graduation Date (should only be one option) and then click continue. (This date will be based upon when you officially complete your degree, not necessarily the ceremony date.)

Select a date for your expected graduation

Select Graduation Date:*

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7. Please select if you will be attending the graduation ceremony and click continue.

Please indicate if you plan to attend the graduation ceremony

Attending Ceremony:*

Yes

No

Undecided

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8. Please select either your current name in our records or to enter a new name which will be used for your diploma. **This is a very important step; please make sure you check the spelling of your name to ensure it is correct.**

Select or Enter the name to be printed on your diploma. Don't use nicknames, you should use your official name.

Name: Thomas Allen Grad
Current Diploma Name:

Select Diploma Name:*

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9. Please select which address from our records you would like to use or enter a new address. This address will only be used for the mailing of your diploma if you are not able to attend the ceremony or are completing your degree at a later date. ***NOTE: We do not ship to Lubbock addresses. If you have a PO Box, please enter the physical address.**

Select or Enter the mailing address where you would like your diploma sent.

Current Diploma Mailing Address

Select Mailing Address: *

Street Line 1: *

Street Line 2:

Street Line 3:

City: *

State or Province: *

ZIP or Postal Code:

Nation: *

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10. The next to last screen will be a quick summary of all the information you have entered. Please double check to make sure there are no errors. You will be able to go back if you need to make any changes by clicking Previous; or you may finish your application by clicking Submit.

Before submitting your application, please review for accuracy and print for your records.

Term Selected	Spring 2017 Pharmacy
Curriculum	Current Program Doctor of Pharmacy Campus: Abilene HSC College: School of Pharmacy Department: Pharmacy Level: Pharmacy-Doctoral Major: Pharmacy Program: Pharmacy
Graduation Intent	Commencement Program: Y Hometown: Lubbock, Texas, United States
Graduation Date	Date: 20-MAY-17 Term: Spring 2017 Pharmacy Year: 2016-2017
Attending Ceremony	Yes
Diploma Name	First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]
Diploma Mailing Address	Street Line 1: [REDACTED] City: [REDACTED] State or Province: TX Zip or Postal Code: [REDACTED]

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To make any changes once you have submitted your Intent to Graduate application, please contact the Office of the Registrar at registrar@ttuhsc.edu or 806-743-7347.

IMPORTANT NOTICE: Once you have submitted your Intent to Graduate application, please visit www.westtexasgrad.com to order your regalia. For any questions regarding regalia, please contact West Texas Grad Services at 806-744-7737.