

TENNESSEE WESLEYAN COLLEGE
INTENT TO GRADUATE

Today's Date: _____
Student ID #: _____

Please complete all items above the double lines:

Last First Middle/Maiden

Local Address # Street City State Zip

Home Phone Work or Daytime Phone Branch Campus

Email: _____

Anticipated Graduation Date: December May August Year _____

Type of Degree: B.A. _____ B.S. _____ B.S.N. _____ B.M. Ed. _____

Your name as you wish for it to appear on your diploma (please print):

Major _____ Emphasis (if applicable) _____

Minor _____ Are you seeking a teacher certification? _____

Catalog year under which you wish to graduate _____ Height _____ Weight _____

REGISTRAR'S USE ONLY—DO NOT WRITE BELOW THIS LINE

PROGRAM EVALUATION THROUGH _____ SEMESTER ADVISOR _____

Upper Division hours needed _____ Four-year college hours needed _____ Academic Profile _____

Residency requirement met _____ Writing Proficiency Exam _____ Major/Field Exam _____

GPA: Overall _____ TWC Work _____

COURSE REQUIREMENTS

ACR

MAJOR

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS NEEDED TO GRADUATE: _____

Comments:

*Currently Enrolled Courses

Evaluator/Date

Advisor/Date

Student/Date