

INTENT TO GRADUATE

Please complete fields below

If your name has changed during your career at Pepperdine, please submit the name change request form http://www.pepperdine.edu/registrar/content/studentnamechange.pdf along with a copy of legal documentation.

LEGAL NAME AS YOU WISH IT TO APPEAR ON YO	OUR DIPLOMA (FIRST	, MIDDLE, LAST)			
		DATE OF BIRTH	SEX	F M	
STUDENT ID NUMBER					
TERM YOU EXPECT TO GRADUATE:					
Fall (December)	Spring (April)	Summer (August)		Year:	
DEGREE YOU EXPECT TO RECEIVE: Please	select academic p	lan from drop dov	vn menu		
Executive Doctor of Business Administ	ration_				
Master of Business Administration					
Master of Science					
Bachelor of Science					
Concentration:					
ADDRESS FOR MAILING DIPLOMA				AD 6/0	
NUMBER/STREET			APARTMENT OR C/O		
CITY		STATE	ZIP CODE	COUNTRY	
PREFERRED TELEPHONE NUMBER:					
Do you plan to attend the graduation ceremon	y?	No	Yes		
Have you previously applied for graduation?		No	Yes	If yes, when?	
SIGNATURE X				DATE	
FOR OFFICE USE ONLY					
REGISTRAR'S OFFICE				DATE:	