



FOR OFFICE USE ONLY

Campus/Location _____
Amount Received _____ Receipt No. _____
Clerk's Initials _____ Date _____

INTENT TO GRADUATE THE TROY UNIVERSITY SYSTEM

The following name should be engraved on my diploma: (Use complete name. Married woman may use maiden name as middle name.) PLEASE PRINT CLEARLY.

(First Name) (Middle Name) (Last Name)

Birthdate: ____/____/____ Social Security Number ____-____-____
(MM/DD/YYYY)

Sex: M ___ F ___ Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

Ethnic Origin: Caucasian ___ Black ___ Hispanic ___ American Indian ___ Other _____

Title Preference: Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other _____

Are you active duty military? No ___ Yes ___ Rank ___ Branch of Service _____

If no, please list other degrees and from which institution they were conferred _____

Spouse's name if TROY System graduate _____ Spouse's S.S.# _____
(Name as last enrolled in TROY system)

If you are married to an alumnus/alumna of The TROY System, your mail will be addresses Mr. and Mrs., using the husband's name. If that is not satisfactory, please list your preference below. (For example, Rev. and Mrs., Dr. and Mrs.).

City and State of residence to be listed in the Commencement Program _____

Current Mailing Address: _____ Phone() _____

Is this a new address? Yes ___ No ___ Work Phone() _____

Forwarding Address for Diploma: _____ Home(Permanent) Mailing Address: _____

Phone: () _____ Phone: () _____

Will you be attending graduation ceremonies? Yes ___ No ___ If yes, name location _____

***ARE YOU ENROLLED IN THE AUAO PROGRAM(eArmyU Access Online)? Yes ___ No ___

Do you have any extension, transfer or correspondence study credits (including credit-by-examination) which have not been filed with the Campus Registrar? If yes, indicate below the courses, the college from which the credits are to come, and the ending date of qtr./term. Yes ___ No ___

If not currently enrolled, at what location/campus did you last attend? _____

Qtr./Term? _____ Year? _____

INTENT TO GRADUATE (cont.)

Page (2) of (2)

Name/Social Security# _____

CAMPUS/LOCATION: Troy University Atlantic Region-University College

(List Location or eArmy) _____

I intend to complete my degree at the end of (check one) : Term I _____ II _____ III _____ IV _____ VI _____, 20____

<p>Associate of Science ___ Business Administration</p> <p>Associate of Science in General Education ___ Business Administration ___ Computer Science ___ Political Science ___ Criminal Justice ___ History ___ Psychology ___ Social Science ___ Professional Trainer</p> <p>Bachelor of Applied Science ___ Resource and Technology Management</p> <p>Bachelor of Science in Business ___ General Business ___ Management</p> <p>Bachelor of Science ___ Applied Computer Science ___ Criminal Justice ___ Political Science ___ Psychology ___ Social Science ___ Sport and Fitness Management</p>	<p>Master of Business Administration ___ General Management ___ Management Information Systems</p> <p>Master of Public Administration ___ Education ___ Environmental Management ___ Government Contracting ___ Health Care Administration ___ Justice Administration ___ National Security Affairs ___ Nonprofit Management ___ Public Human Resource Management ___ Public Management</p> <p>Master of Science in Criminal Justice ___ Criminal Justice</p> <p>Master of Science in Human Resource Management ___ Human Resource Management</p> <p>Master of Science in International Relations ___ Global Studies ___ National Security Affairs ___ Regional Affairs</p> <p>Master of Science in Management ___ Healthcare Management ___ Human Resource Management ___ International Management ___ Information Systems ___ Leadership and Organizational Effectiveness</p> <p>Master of Science in Post Secondary Education ___ Psychology ___ Concentration in Adult Education ___ Concentration in Foundations of Education ___ Concentration in Instructional Technology</p> <p>Master of Science in Adult Education ___ Adult Education</p>
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Please List:

First Major: _____

First Minor: _____

Second Major: _____ Second Minor: _____

If required, have you completed your exit examination/criteria in your major(s)? Yes _____ No _____

Place of Employment (Name and Address) _____

Job Title: _____

Please list social, athletic, and academic activities and honors you participated in as a student. List any community, social, and/or professional activities or organizations you are presently or have previously participated in; list any positions held and years.

Activity/ Organization	Years	Activity/ Organization	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This "INTENT TO GRADUATE" should be filed with the Campus Registrar according to the date published in the course schedule. For this "INTENT TO GRADUATE" form to be valid, all pages must be completed and signed.

The non-refundable graduation fee must be paid at the time the "INTENT" is filed. Students who fail to graduate as scheduled must re-file their "INTENT TO GRADUATE" and again pay the graduation fee (this fee is waived for AUAO students).

I hereby certify that the above information is accurate.

Signature: _____

Date: _____