



WSC Phone Number: 708/763-6530

WSC Fax Number: 708/763-1531

Intent to Graduate Form

**required field*

Students: Submit this form to the Registrar's Office before the end of the fifth week of the semester.

***Date:** _____

***Student Name:** _____
(Please print name as you would like it to appear on diploma)

***Address:** _____
(Where you will be living after graduation)

***Phone number:** _____ ***Email Address:** _____
(Where you can be reached after graduation)

***Semester you intend to graduate: (check one and fill in the year)**

_____ **Summer** **Year** _____

_____ **Fall** **Year** _____

_____ **Spring** **Year** _____

***Please indicate plans for graduation ceremony:**

_____ Yes, I plan to attend graduation ceremony, pending program completion.

_____ No, I will not be attending the graduation ceremony.

***Please indicate plans for pinning ceremony:**

_____ Yes, I plan to attend the pinning ceremony, pending program completion.

_____ No, I will not be attending the pinning ceremony.

***Student Signature:** _____ ***Date:** _____

Registrar's Office Only

Registrar Signature: _____ Date: _____