



Pierre Laclède Honors College INTENT TO GRADUATE



**** Complete this form and return it to Jennifer Richardson in the Honors College Office in order to be recognized as an Honors College Graduate and receive a certificate. ****

Full Name: _____ **Semester/Year Graduating:** _____
(as it will appear on your certificate)
Student #: _____

Program: Four-Year Honors Program
 Two-Year Plus Honors Program
 Two-Year Honors Program

Major: _____
Minor: _____

Completed 4100:
 Yes Semester/Year: _____
 No

Declared UMSL Graduation:
 Yes Date: _____
 No

Spoke with Honors Advisor:
 Yes Name: _____
 No

* If you plan to participate in the graduation ceremony, you must register at the bookstore in order to reserve a seat at commencement.

Permanent Address:
(note: certificates are mailed one month after graduation)

Signature: _____ **Date:** _____

**** Form is to be turned in to Jennifer Richardson in the Honors College Main Office**

**** Questions regarding graduation can be answered by your Honors Advisor or Nancy Gleason**

**** Graduation Cords can be picked up from the Honors College Main Office ONE MONTH prior to graduation**

Jennifer Richardson
(314) 516-7769
askjen@umsl.edu

Nancy Gleason
(314) 516-6629
nancygleason@umsl.edu