



## INTENT TO GRADUATE FORM

**Intended Conferral Date:**      **Aug (DC)**      **Sept (VT)**      **Dec**      **May/June of**      **(Year)**

My name should appear on my diploma *exactly* as follows (please **type** or **print clearly**):

First Name	Middle Name or Initial	Last Name
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Degree Cohort \_\_\_\_\_ Month and Year of Entry \_\_\_\_\_

Deg/Cert Program \_\_\_\_\_ ID# \_\_\_\_\_

Title of Thesis or

Capstone Project: \_\_\_\_\_

\_\_\_\_\_

Address to which we should mail diploma  
(two to four weeks after conferral):

If mailing address is not **permanent**  
**address**, please provide permanent address:

Address Line 1 \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Students intending graduation are required to return this form to the Registrar’s Office at least two months prior to the intended conferral date or will be moved to the following conferral date.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Forms can be submitted to the Registrar’s Office in person, by email as scanned pdfs sent to [registrar@sit.edu](mailto:registrar@sit.edu), by fax to 802-258-3470, or via the post to the office address as it appears in the header.