



Graduate Notice of Late Intent To Graduate

You must complete this form fully. An incomplete form may result in the delay of the printing of your diploma. Submit the completed form to your program's advising office.

Today's Date: _____ UCF ID #: _____

First Name _____ Last Name _____

Will you be enrolled in UCF classes this term? Yes No

Student Information

Print your name as it should appear on your diploma. If this name is different than the name on your permanent record you must provide documentation by driver's license, marriage license, birth certificate, passport, social security card or court documentation. Submit such documentation to the College of Graduate Studies.

First _____ Middle _____ Last _____

Address to which the diploma should mailed four to six weeks after Commencement.

Number _____ Street _____ Apt. # _____

City: _____ Country: _____

State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

Check the term that you expect to graduate Spring (May) [] Summer (August) [] Fall (December) Year: _____

Program: _____ Track (if applicable): _____

Degree Type: _____

Note: You must complete and submit a separate form for each degree that you expect to earn.

Acknowledgement

I acknowledge that I am filing a late Intent to Graduate, and, as such, my name will not be read or displayed in the virtual ceremony nor appear in the commencement program.

Initial Here: _____

Signature

Student Signature: _____ Date: _____

College Representative Signature: _____ Date: _____

For CGS Office Use Only

ID: _____ Admit Term: _____

Comment: _____ Requirement Term: _____