



Teacher Education University  
 1079 W. Morse Blvd., Suite B  
 Winter Park, FL 32789  
 1-800-523-1578  
 Fax: 1-800-370-2600  
 www.TEU.edu

## Teacher Education University Student Intent to Graduate Form

This form should be completed at the time of registration for the last term and turned in to the college office for review and approval. Forms should be sent directly to Teacher Education University Office of the Registrar.

**PERSONAL INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name as it should appear on diploma: \_\_\_\_\_

Address to mail diploma: \_\_\_\_\_

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Will you attend the commencement ceremony?  Yes  No

DEGREE (Please circle the intended degree.)

Masters of Arts	Master of Arts	Master of Arts	Master of Arts
Education, Concentration Instructional Strategies	Educational Leadership	Elementary Education	Educational Leadership

\_\_\_\_\_  
 Faculty Advisor Name (Please Print)

Expected semester of graduation: Semester \_\_\_\_\_ Year \_\_\_\_\_

*Students must be enrolled in the term they are graduating. In order to meet this requirement, students who are not enrolled by the end of add/drop must pursue an administrative add to IDS 6999 and pay fees associated with one credit hour of coursework. Students should contact their college graduate office for advisement.*

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

**I have reviewed this student's study for graduation requirements.**

\_\_\_\_\_  
 Advisor Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

University Approval Date: \_\_\_\_\_