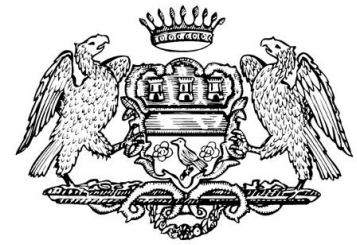


Pierre Laclède Honors College INTENT TO GRADUATE



** Complete this form and return it to **Ashley Budde** 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

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

Signature: _____ **Date:** _____

** Form is to be turned in to Ashley Budde 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

Ashley Budde
(314) 516-7769
askashley@umsl.edu

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