

**School of Education/Professional Studies and Graduate Division**  
**Intent to Graduate Form**

Please submit this form to the address below one full semester before completing your degree requirements. You are not required to submit Intent to Graduate forms to any other office other than the Graduate Division.

**Eastern Connecticut State University**  
**Graduate Division**  
**Webb Hall Room 160**  
**Willimantic, CT 06226**

If you have any questions about your program or this form, please contact your advisor or the Graduate Division Office via email ([graduateadmissions@easternct.edu](mailto:graduateadmissions@easternct.edu)) or telephone (860.465.5292).

**Section I: Diploma**

Please print or type your name as **you wish it to appear on your diploma**.

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name/Initial

\_\_\_\_\_

Last Name

**Degree Program:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Section II: Contact Information**

**Complete Mailing Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Section III: Degree Completion**

**Total credits to be taken during final semester:** \_\_\_\_\_ # of credits  
\_\_\_\_\_ semester/year

I intend to complete all degree requirements and graduate in: **(Circle one and fill in year)**.

**May**                      **August**                      **December**                      **20**\_\_\_\_\_

C: Advisor  
Graduate Student  
11/15-srh