UCF | College of Graduate Studies

Graduate Notice of Late Intent To Graduate

Please complete this form in its entirety to avoid processing delays. The completed form should be submitted to the graduate affairs office for your degree program. Please review the Graduate Catalog to verify.

Today's Date: _____ **UCF ID #:** _____

Last Name _____ **First Name** _____

Students who have completed all graduate program requirements but failed to file an Intent to Graduate may submit their Intent to Graduate the following semester without enrollment. However, students who have completed all degree requirements but are discontinued due to non-enrollment must reapply, be readmitted, file their Intent to Graduate, and enroll in at least one course (e.g, IDS 6999) during their semester of graduation.

Student Information

Print your name as it should appear on your diploma. If this name is different than the name on your permanent records you should submit a name change form to the Registrar's Office.

First _____ **Middle** _____ **Last** _____

Please indicate the address your diploma should be mailed to. Students earning a master's, educational specialist, or doctoral degree will receive an email from Parchment with instructions for claiming their diploma approximately 6 – 8 weeks after commencement, for the respective term. Digital diplomas, that students can view, download, or share on various social media platforms, will be available immediately upon being claimed. Printed diplomas will be mailed by Parchment within 15 – 20 business days of the diploma being claimed.

Number _____ **Street** _____ **Apt. #** _____

City: _____ **Country:** _____

State: _____ **Zip:** _____

Telephone: _____ **E-mail Address:** _____

Acknowledgement

I acknowledge that I am filing a Late Intent to Graduate, and, as such, I will not be able to participate in the commencement ceremony, nor will my name appear in the commencement program. Participation in Grad Walk is first-come, first-served. Please contact the Office of Alumni Engagement and Alumni Giving at 407-823-3868 if you have questions about this event.

Initial Here: _____

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

Degree Program: _____ **Sub-plan / Track (if applicable):** _____

Degree Type (Master's, Education Specialist, or Doctoral Degree): _____

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

Signature

Student Signature: _____ **Date:** _____

College Representative Signature: _____ **Date:** _____

For CGS Office Use Only

ID: _____ **Admit Term:** _____

Comment: _____ **Requirement Term:** _____