Trinity College of Nursing
& Health Sciences
UnityPoint Health

Intent to Graduate Form

This form must be submitted by any student completing a degree program and is due the last week of the term **PRIOR** to expected completion. The form must be filled out in full regardless of participation in commencement ceremonies. Please complete parts I- IV, sign, and submit to Student Services.

PART I – GENERAL INFORMATION

Please print your name legibly in upper and lower case letters **EXACTLY** as you want it to appear on your diploma. (i.e., John M. Smith, John Michael Smith, John Smith). Submit a **Name Change Form** with legal documentation if your name has changed.

Name

Address

City, State, Zip

Phone

Personal Email

Hometown (Printed in Commencement Program)

If this address is different from your current one, do you want to use this document as an address change request? ☐ Yes

PART II - PROGRAM AND EXPECTED TEM/YEAR OF COMPLETION (CHECK ONE)

☐ Fall 20 _____ (year)
☐ Spring 20 _____ (year)
☐ Summer 20 _____ (year)

☐ Associate of Science in Nursing Degree
☐ Bachelor of Science in Nursing Degree
☐ Master of Science in Nursing Degree

☐ Associates of Applied Science in Radiography
☐ Associates of Applied Science in Respiratory Care
☐ Bachelor of Science in Health Sciences

PART III – COMMENCEMENT ATTENDANCE

☐ I plan on participating in the Spring commencement services.
☐ I plan on participating in the Summer commencement services (BSN, BSHS, MSN only).
☐ I do **NOT** plan on participating in commencement services.

PART IV - AUTHORIZATION

I authorize Trinity College of Nursing & Health Sciences to print my name in the commencement program? ☐ Yes ☐ No

I authorize Trinity College of Nursing & Health Sciences to release my name to local newspapers? ☐ Yes ☐ No

Signature

Date

FOR OFFICE USE:

Form to be stored electronically

☐ Registrar

☐ Bursar

☐ Executive Assistant

☐ Financial Aid