LOMA LINDA UNIVERSITY

University Records

Undergraduate Intent to Graduate

Student Information

Student ID#

Name: Last First Middle

LLU School Select One Program of Study

Degree

Current Mailing Address

City State Zip Country

Undergraduate Intent to Graduate

Instructions: Completed form must be submitted two quarters prior to the expected graduation term. For example, Spring quarter graduates must submit the form prior to the end of the Fall quarter. If all requirements are not completed by the end of the term for which you have applied to graduate, a new form must be submitted for the new graduation term.

Indicate term & year in which you expect to complete all degree/certificate requirements:

Term Select One Year

Degree Major

Are you currently enrolled at LLU?

☐ Yes List the term you will complete your last course at LLU quarter and year:

☐ No List the last term of attendance quarter and year:

General Education Requirements:

☐ I have completed all GE requirements and all transcripts have been received by University Records.

☐ I have completed all GE requirements and have requested that the following colleges/universities send transcripts to University Records:

☐ I have not yet completed all GE requirements. (All transcripts must be submitted for GE requirements completed as of the date of this form even if you plan to take another course at the same institution.) List missing requirements and your specific plans to complete these by graduation.

General Education Requirements to be Completed

Requirement	College/University	Term to be Taken	Year
		Select One	
		Select One	
		Select One	
		Select One	
		Select One	
		Select One	

If you have any questions please email registrar@llu.edu or call 909-558-4508

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Major Requirements to be Completed

☐ I am enrolled in a block program (Students enrolled in block programs do not need to list major courses below)

☐ My program is not a block program or I am off block. List remaining requirements and term in which each will be completed:

Note: Do not include courses below in which you are currently registered.

Prefix	Number	Course Title	Term to be Taken	Year
			Select One	
			Select One	
			Select One	
			Select One	
			Select One	
			Select One	
			Select One	
			Select One	
			Select One	
			Select One	
			Select One	
			Select One	

Graduation Ceremony Participation:

Do you plan to participate in the next Spring graduation ceremony? ☐ Yes ☐ No

Required Signatures

_____ Date:_____

Student

_____ Date:_____

Advisor

_____ Date:_____

Dean of School

University Records reviewed: ☐ Accepted ☐ Returned for revisions: Date:_____

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