



**BOB SCHIEFFER**  
COLLEGE of COMMUNICATION

TCU Box &- , \$( \$  
Fort Worth, TX 76129  
(817) 257-) - %+

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Today's Date: \_\_\_\_\_

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TCU ID Number: \_\_\_\_\_

**Graduation Date Filed For** (check one)

May

Aug

Dec

YEAR: 20\_\_\_\_\_

**Student Name**

\_\_\_\_\_  
Last First Middle

Preferred Email Address \_\_\_\_\_

Degree(s) \_\_\_\_\_

**Signatures**

Student \_\_\_\_\_ Date \_\_\_\_\_

Dean's Office \_\_\_\_\_ Date \_\_\_\_\_

**Please remove the name of this student from your graduation list.**

**Note to Student:** Please be aware that you must file a new 'Intent to Graduate' form for the next semester you intend to graduate. A non-refundable fee is charged each time you submit an 'Intent to Graduate' form.

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