



BOB SCHIEFFER
COLLEGE of COMMUNICATION

Graduate Studies
TCU Box 298040
Fort Worth, TX 76129
(817) 257-591+

TO EDUCATE STUDENTS TO THINK, ACT AND COMMUNICATE EFFECTIVELY, ETHICALLY, CRITICALLY AND CREATIVELY
IN A GLOBAL ENVIRONMENT ENRICHING THEIR PERSONAL AND PROFESSIONAL LIVES.

INTENT TO GRADUATE

TCU ID# _____

Mr. _____ Anticipated Date _____
Ms. _____ of Graduation _____
Last Name First Name Middle Name Month/ Year

Address _____ () _____
No. Street City State Zip Code Phone

OFFICE USE ONLY

Degree Objective M.S.	Major	Has student completed all of the course work for the degree? Yes _____ No _____	Thesis Plan? Yes ___ No ___	Thesis advisor or Major professor					
5Y 1YfY Ubm "I" Grades? Yes No ____ _	COURSES IN PROGRESS								
	Sub	Class#	Hrs.	Sub	Class#	Hrs.	Sub	Class#	Hrs.
	Sub	Class#	Hrs.	Sub	Class#	Hrs.	Sub	Class#	Hrs.
Hours completed	Hours in progress	I grades	Total	Candidacy Approved	Orals Scheduled				
TCU	Transfer								

Thesis Title: _____

Materials sent to Registrar:

Thesis Received:

Date

_____ Dean's Office Signature	_____ Date

Memo: Must complete courses in progress

NOTE TO STUDENT: Your name has been submitted for graduation, and **a fee will be charged to your account.** Please notify the graduate office if there is any change in the progress towards your degree. If it is necessary to withdraw your name from the graduation list a new Intent must be filed.