

Letter of Intent to Graduate

Full Name _____ ID Number _____

E-mail address _____ Phone Number _____ Academic Advisor _____

Mailing address _____

Check one of the options below for the semester in which you plan to complete your degree requirements (including internship/capstone)

Spring 20_____

Second Summer 20_____

Fall 20_____

Check the degree you will receive: _____BA _____BS _____BBA

Initial each statement below:

___ I understand that I must complete all degree requirements, including courses and additional requirements by the end of the semester of graduation. I understand that an official final grade must be on file at the Office of the Registrar for all courses being applied toward the degree—including transfer courses, Independent Study courses, Capstone courses, Study Abroad courses, and “Incomplete” grades—in order for my degree to be conferred.

___ I understand that, if I am approved for graduation, my application will not be complete until I submit a graduation packet to the Records Office.

___ I understand that it is my responsibility to meet with my academic advisor to work out a plan for completion of my remaining course requirements and additional graduation requirements. I also understand that the last thirty (30) semester hours must be completed on the LeMoyne-Owen campus.

Checklist of attachments:

___ Letter of intent to graduate

___ Paradigm

Signature

Date

Advisor’s Signature

Date

WAYS TO SUBMIT YOUR LETTER OF INTENT

Fax: (901) 435-1724

Mail: The LeMoyne-Owen College
Attn: Records Office
807 Walker Avenue
Memphis, TN 38126

Drop off: Administration Building (Brownlee Hall)

CAREER SERVICES
GRADUATING SENIOR INFORMATION
2015

NAME: _____

UNDERGRADUATE MAJOR: _____

MAILING ADDRESS: _____
ADDRESS

CITY STATE ZIP CODE

TELEPHONE NUMBER: () _____

E-MAIL ADDRESS: _____

ADDRESS OF PARENT/NEAREST RELATIVE NOT LIVING WITH YOU:

ADDRESS

CITY STATE ZIP CODE

PLANNING ON ATTENDING GRADUATE SCHOOL? ___ YES ___ NO ___ UNDECIDED
IF YES, WHERE? _____ WHEN? _____
WHAT GRADUATE MAJOR? _____

ARE YOU CURRENTLY EMPLOYED? ___ YES ___ NO
IF YES, WHERE? _____ JOB TITLE _____

IS JOB RELATED TO YOUR MAJOR/FIELD OF STUDY? ___ YES ___ NO

DID YOU RECEIVE YOUR JOB THROUGH CAREER SERVICES? ___ YES ___ NO

ARE YOU REGISTERED WITH CAREER SERVICES? ___ YES ___ NO

WOULD YOU LIKE TO RECEIVE INFORMATION ON SERVICES AVAILABLE?
___ YES ___ NO

CAP/GOWN

HEIGHT ___ (FEET) ___ (INCHES) WEIGHT ___ CAP/HEAD SIZE ___
(*Females Only: add two inches for heels)