

Please legibly print all information

NAME: (exactly as it is to appear on diploma)		Student ID #
First, Middle (or initial), and Last name		
Mailing Address: (street, city, state, zip code)	<input type="checkbox"/> Check if new	Phone #
Email Address:		

- | | |
|---|--|
| Name of Degree (Select One) | Cohort Number _____ |
| <input type="checkbox"/> Master of Arts in Christian Ministry | <input type="checkbox"/> Master of Health Care Leadership |
| <input type="checkbox"/> Master of Arts in Teaching | <input type="checkbox"/> Master of Leadership and Management |
| <input type="checkbox"/> Master of Business Administration - GMBA | <input type="checkbox"/> Master of Management Information Systems |
| <input type="checkbox"/> Master of Business Administration - MBA | <input type="checkbox"/> Master of Science in Environmental Studies |
| <input type="checkbox"/> Master of Business Administration - Accounting | <input type="checkbox"/> Master of Science in Family Therapy |
| <input type="checkbox"/> Master of Business Law | <input type="checkbox"/> Master of Science in Information Security |
| <input type="checkbox"/> Master of Education in Teaching & Learning | <input type="checkbox"/> Master of Science In Operations Management |
| <input type="checkbox"/> Master of Global Leadership and Management | <input type="checkbox"/> Master of Science in Organization Development |

Concentration: (If Applicable)

PLEASE NOTE:

• This form should be submitted by November 1 for May graduation and March 1 for December graduation. If assistance is required, please contact the advising office (Wichita: 316-295-5483, Lenexa: 913-233-8701, Topeka: 785-272-9595.)

Current courses to be completed:	Est. compl date

I understand that my degree will not be posted to my academic record until all coursework has been reviewed and validated by the Office of the University Registrar.

Student's Signature: _____

Date: _____

A new Intent to Graduate will need to be signed if the "current courses to be completed" are not accomplished within 90 days of the estimated completion date.

OFFICE USE ONLY

Date received: _____
 Letter Sent: _____
 OK _____ Problem _____