

**COLLEGE OF FINE ARTS
INTENT TO GRADUATE**

TCU ID# _____

DATE _____

Name _____
 First Middle Last

Permanent Home Address _____

Local Phone _____ Street _____ City _____ State _____ Zip _____
Email address _____

Local Mailing Address _____
 Street _____ City _____ State _____ Zip _____

Degree Sought _____ Major _____ Minor _____

Anticipated Date of Graduation _____
 Month (May, August, or December) and Year

Note: Your Degree Plan must be on file before this check can be completed.

DO NOT COMPLETE BELOW THIS LINE

COLLEGE EVALUATION:

<u>Major:</u>	<u>Minor:</u>	<u>Cumulative:</u>
Total hrs. _____	Total hrs. _____	Total hrs. _____
_____	_____	Adv. Hrs. _____

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IN PROGRESS

TO BE COMPLETED

OTHER REQUIREMENTS

Above your classes In Progress, your registration must include:
_____ hours at 30000-level or above

_____ hours of Writing Emphasis

Checked by: _____

Date: _____

cc: Student
Department