



Intent to Graduate Form

Information collected here is used for research and recruitment for UnityPoint Health. This form must be submitted by any student completing a degree program and is due by the close of registration for the final term. The form must be filled out in full regardless of participation in commencement ceremonies.

PART I – GENERAL INFORMATION

Please list your name in appropriate upper and lower case letters **EXACTLY** as it should appear on your diploma. (i.e., John M. Smith, John Michael Smith, John Smith). Submit a **Name Change Form** with legal documentation if your name has changed.

Full Name _____

Personal Email _____

Hometown City/State (used in program & local media) _____

Do you want to use this document as an address change request? Yes No (If Yes, fill in the information below)

Street Address _____

City _____

State _____

Zip Code _____

Personal Email (not school email) _____

Phone Number _____

PART II - PROGRAM AND EXPECTED MONTH OF COMPLETION

- | | | |
|-----------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> December | <input type="checkbox"/> Bachelor of Science in Nursing Degree | <input type="checkbox"/> Associates of Applied Science in Radiography |
| <input type="checkbox"/> May | <input type="checkbox"/> Master of Science in Nursing Degree | <input type="checkbox"/> Bachelor of Science in Health Sciences |
| <input type="checkbox"/> August | | |

PART III – COMMENCEMENT ATTENDANCE

Students completing a program in Fall or Spring terms are invited to attend the May Commencement ceremony. Students completing in the Summer term are invited to attend the August Commencement ceremony.

- | | |
|----------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> I will attend commencement | Height in feet/inches _____ |
| <input type="checkbox"/> I will NOT attend commencement | Weight in pounds _____ |

PART IV - AUTHORIZATION

Initial in each field as an acknowledgement. If you do not wish to have your name printed in the program, provided to local media, or provided to UPH you are required to see the registrar in Student Services to discuss your right to privacy via the Family Education Rights Privacy Act. Initial to accept

_____ I authorize Trinity College of Nursing & Health Sciences to print my name in the commencement program.

_____ I authorize Trinity College of Nursing & Health Sciences to release my name to local newspapers.

_____ I authorize Trinity College of Nursing & Health Sciences to release my Information to UnityPoint Health for research and recruitment.

Signature _____

Date _____