



Fillable PDF Form

Instructions - DO NOT USE A MOBILE DEVICE

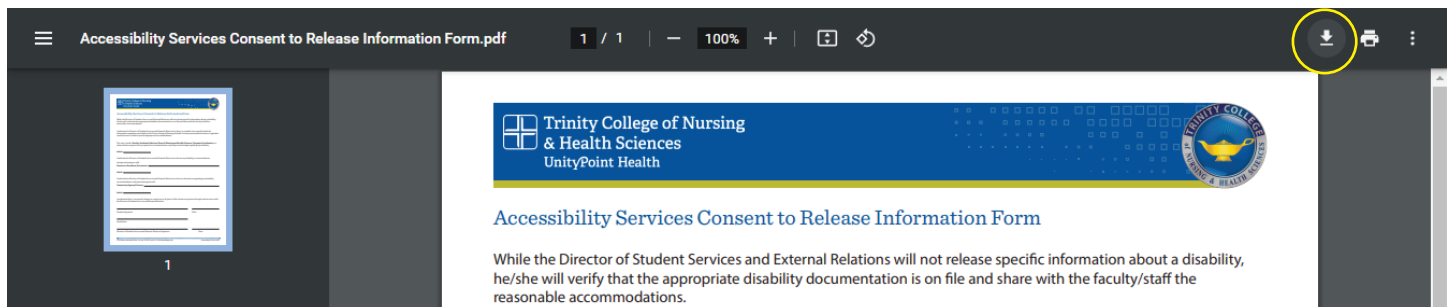
- Please follow these steps to assist you with filling out this digital form.

BEFORE YOU BEGIN:

- Be sure you have downloaded Adobe Reader DC to your laptop: <https://get.adobe.com/reader/>
- Do not use any other PDF application only use Adobe Reader DC
- Prepare a file location to download the form

GETTING THE FORM FROM WEBSITE TO LAPTOP:

- Do not fill out the form while online using the browser
- You will need to download the form from our website
- At the top right of the open form window is a download icon.
 - (Sample screenshot of a form browser window not actual form naming scheme for this form)



- By default your file will want to download to the downloads folder on your laptop unless you choose a different location - Click Save
- Open Adobe Reader DC - Select the downloaded PDF form from within the program. Don't double-click from the forms location, it may open the browser and if you fill out the form none of the data will send or be saved.
- Fill out the form and when you are ready to save go to File and select Save
- How to attach PDF to your email.
 - Open your email service.
 - Create an email and attach your filled PDF form and send to Mathew.Oles@trinitycollegeqc.edu



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 | | <input type="checkbox"/> Bachelor of Science in Health Sciences - MLS |

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