



## 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. Please complete parts I- IV, sign, and submit to Student Services.

### PART I – GENERAL INFORMATION

Please print your name legibly in upper and lower case letters **EXACTLY** as you want it to 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.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Personal Email \_\_\_\_\_ Hometown (Printed in Commencement Program) \_\_\_\_\_

If this address is different from your current one, do you want to use this document as an address change request?  Yes

### PART II - PROGRAM AND EXPECTED TEM/YEAR OF COMPLETION (CHECK ONE)

- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> Fall   | <input type="checkbox"/> Associate of Science in Nursing Degree | <input type="checkbox"/> Associates of Applied Science in Radiography      |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Bachelor of Science in Nursing Degree  | <input type="checkbox"/> Associates of Applied Science in Respiratory Care |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Master of Science in Nursing Degree    | <input type="checkbox"/> Bachelor of Science in Health Sciences            |

### 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.

I will attend Commencement ceremony    Height: Ft: \_\_\_\_\_ In: \_\_\_\_\_    Weight: \_\_\_\_\_ lbs.

I will **NOT** attend Commencement

### PART IV - AUTHORIZATION

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

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

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

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.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE:

Form to be stored electronically