

Letter of Intent to Graduate

Full Name _____ ID Number _____

E-mail address _____ Phone Number _____ Academic Advisor _____

Alternate E-mail _____ Mailing address _____

Check one of the options below for the semester in which you plan to complete your degree requirements (including internship/practicum): Spring 20 _____ Second Summer 20 _____ Fall 20 _____

Check the degree you will receive:

- ☐ B.S. in Communication Sciences and Disorders
Minor _____
- ☐ B.S. in Criminal Justice
Minor _____
Emphasis _____
- ☐ Bachelor of Paralegal Studies
Minor _____

- ☐ B.S. in Exercise Science
- ☐ B.A. in Park and Recreation Management
Specialization Track _____
Minor (if applicable) _____
- ☐ B.S. in Family and Consumer Sciences
Emphasis _____
- ☐ B.S. in Dietetics and Nutrition
- ☐ B.S. in Hospitality Management
- ☐ Bachelor of Social Work

Initial each statement below:

_____ I understand that I must complete all degree requirements, including courses and additional requirements by the end of the semester of graduation. I understand that an official final grade must be on file at the Office of the Registrar for all courses being applied toward the degree--including transfer courses, Independent Study courses, Study Abroad courses, and "Incomplete" grades--in order for my degree to be conferred.

_____ I understand that I must get written permission in advance from the Office of the Dean prior to enrolling in any of my remaining courses at another institution and that, if given permission, it is solely my responsibility for making sure an official transcript has been received by UM's Office of the Registrar within 30 days after the official graduation date.

_____ I understand that, if I am approved for graduation, my application will not be complete until I submit an Online Diploma Application for the Office of the Registrar. **(You will receive an e-mail from the Office of the Registrar notifying you when this is available for you to complete.)**

_____ I understand that it is my responsibility to meet with my academic advisor to work out a plan for completion of my remaining course requirements and additional graduation requirements.

Checklist of attachments:

- ☐ Unofficial UM Transcript
- ☐ Transfer Equivalency Report (if you have transfer work)
- ☐ Current class schedule

Signature _____

Date _____

WAYS TO SUBMIT YOUR APPLICATION:

Fax: (662) 915-7901

**Mail: School of Applied Sciences
The University of Mississippi
P.O. Box 1848
University, MS 38677-1848**

**Drop off: George Street House (located next to the main
library on the Oxford campus)**