

## DECLARATION OF INTENT TO GRADUATE

Graduation is not automatic.

You must declare your intent to graduate by filing this form in the College of Medicine Office of the Registrar. Subsequently, this form will be forwarded to the UIC Office of Records and Registration for diploma orders.

(PLEASE PRINT)

- Mr.
- Mrs.
- Ms.

Name \_\_\_\_\_  
Last First MI UIN

Street Address City State Zip Code Phone

\_\_\_\_\_ Email

Term of Graduation:  Fall  Spring  Summer Year \_\_\_\_\_

College: \_\_\_\_\_ MEDICINE Degree: \_\_\_\_\_ M.D.

Major Field(s) \_\_\_\_\_

Minor Field(s) \_\_\_\_\_

Are you in a teacher education curriculum?  Yes  No

The name the University has for you will be printed on your diploma. Verify your name by logging onto the UIC Web for

First Middle Last

If you want your diploma mailed to an address other than the address indicated above, fill in the proper address here.

Street Address \_\_\_\_\_

City State Zip Code

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

### PLEASE RETURN THIS FORM TO YOUR COLLEGE OFFICE

For Office Use Only

College  Curriculum  Sub  Date

HEGIS/CIP  •  Degree Code  Degree