

Cumberland University

Registrar's Office
One Cumberland Square
Lebanon, TN 37087-3554
(615) 444-2562 Fax: (615) 444-2569

Intent to Graduate

All commencement information will be communicated to you through your Cumberland email address and the Cumberland website.

Student Name (Print as you	u want on your diploma)	:				
Social Security #:	Hometov	Hometown:				
Current Mailing Address: _						
City:	State:	Zip:	Pho	Phone:		
After Graduation Mailing Ad	ddress:					
City:	State:	State: Zip:		_ Phone:		
Email Address:						
Completion Date (MM/YYY	Y):	Advisor:				
Major:		Minor:				
Degree: BA BBA BS Please circle one	S BSN BFA BMu	MAE MAT	MBA	MEd MS	SP MA	MSSEP
Student Signature			Date _			
		Degree \$2	-	unt.		
*If you are obtaining a Mas	ter's Degree please indi	cate if you will b	e wall	king or	_ not walk	king.
OFFICE USE ONLY Approved for Graduation: _ Comps:						
Degree:	Ma	ijor:				
Posted: Yes Initials	: Mir	nor:				
Date:	Signature:					
	Chrs CQP	Combined H	_ Combined Hrs/QP		PA	
FINAL: Thrs TQP	Chrs CQP	Combined F	Hrs/QP	GF	PA	
			Summa Cum Laude			
Graduation Fee:			-			