**SCHOOL OF EDUCATION & HEALTH**

**GRADUATE PROGRAMS**

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**INTENT TO GRADUATE FORM**

1. Submit a copy of this form with your original signature to the Graduate Education Office (Memorial 435).

2. This form must be submitted on the schedule below the semester BEFORE your anticipated graduation date.

Late submissions will be assigned to the next graduation date.

3. ***Registrar’s Application for Graduation Form must be completed through Self-Service***. (Please see attached page.)

**NAME­­: ID#:**

**ADDRESS: APT:**

**CITY: STATE: ZIP:**

**CELL PH: PERSONAL EMAIL:**

**ANTICIPATED GRADUATION DATE**:

* September 1 (Intent Form due June 1) Date submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* December 21 (Intent Form due September 1) Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* February 1 (Intent Form due November 1) Date submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* May (Intent Form due January 31) Date submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I plan to attend the Graduation ceremony in May (Masters students only). YES/NO**

**PROGRAM** (circle one):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School  Counseling | Mental Health Counseling | Marriage and Family Therapy | Leadership | Special Education |

**DEGREE** you will receive (circle one):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MA in School Counseling | MS in Mental Health Counseling | MS in Marriage and Family Therapy | MS in Education in SBL, ALS | MS in Education in  Special Education |

**ADVANCED CERTIFICATE** you will receive (circle one):

|  |  |  |  |
| --- | --- | --- | --- |
| School Counseling | Mental Health Counseling | Counseling Bilingual Extension | Bilingual Pupil Personnel Services |

|  |  |
| --- | --- |
| Special Education: Bilingual Extension MC | Special Education: Bilingual non MC |

|  |  |
| --- | --- |
| School Building Leadership | Advanced Leadership Studies |

Credits Completed: Credits in Progress: Semester/Year Data Collection/Research was completed: /

Semesters/Years of Practicum/Internship(s)/Student Teaching: / / /

Major Paper Title:

Major Paper Acceptance Date:

If applicable:

* I have completed Child Abuse at Manhattan College or with an approved provider. ­­­­­­­­­­­­­­­­­­Semester/Year /
  + (Please *attach a copy* of your certificate.)
* I have completed SAVE legislation at Manhattan College or with an approved provider. Semester/Year /
  + (Please *attach a copy* of your certificate.)
* I have completed DASA training at Manhattan College or with an approved provider. Date
  + (Please *attach a copy* of your certificate.)

Kappa Delta Pi: Date Inducted

Student Signature: Date:

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**For Program Use Only**

Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_Graduate Education Coordinator Signature:

Program Advisor/Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

**INSTRUCTIONS FOR COMMENCEMENT (GRADUATION)**

**Please follow link for**

**College’s Application for Graduation through Self Service:**

<https://inside.manhattan.edu/academic-resources/registrar/graduation-information.php>

**Please follow link for**

**College’s Information on Spring Commencement:**

<https://inside.manhattan.edu/academic-resources/commencement/index.php>