



Office use only

Date received: _____

Office for Educator Certification
(806-742-1998, ext. 444)

STATEMENT OF INTENTION TO GRADUATE
PLEASE PRINT LEGIBLY IN INK!!!!

Please print your name exactly as you want it to appear on your diploma:

First Middle/Maiden (if desired) Last

Social Security Number: _____ **Student ID Number:** _____

Major (circle one): MD S MSCI **Level (circle one):** EC-6 4-8 8-12 EC-12

Specialization: _____

Date of Expected Graduation (print year after the appropriate month):

May _____ August _____ December _____

Local Mailing Address:

(Please keep your local address updated on MyTech!)

Street: _____

City, State, Zip: _____

Phone Number: _____

Cell Phone Number: _____

Diploma Mailing Address:

(Use an address at which mail will reach you following graduation. Your diploma will be mailed to this address if necessary.)

Street: _____

City, State, Zip: _____

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Your Hometown (to be shown on Commencement Program): _____

Parent(s) Name and Address:

Parent(s) Name and Address:

Name(s): _____

Name(s): _____

Street: _____

Street: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

IMPORTANT: PLEASE SIGN AND DATE!

Signature: _____

Date: _____