

▷ **INTENT TO GRADUATE** ◁ **FORM**

BETHANY DIVINITY COLLEGE AND SEMINARY
2573 Hodgesville Road, Dothan, Alabama 36301 U. S. A.
Telephone (334) 793-3189 Fax (334) 793-4344

CHECK ONE. . .(1) BOX THAT APPLIES TO YOU:

➔ **I “WILL” ATTEND MAY Graduation On Campus.**

➔ **I “WILL NOT” ATTEND Graduation On Campus,
but will graduate “*In Absentia*”. The degree packet will be mailed
the 2nd or 3rd week in June.**

There are **2 deadlines** the student must meet to receive their degree packet. . .

This “Intent to Graduate” form must be in the Bethany office **no later than:**

1) APRIL 1st before May Graduation.

2) ALL work must be in our office by May.

Bethany has one (1) on-campus graduation exercise annually. It is held the last Thursday in May. Orientation is the previous Wednesday night.

Degrees are printed ONE TIME ANNUALLY. . .the last week in May. If you miss the deadline for ALL WORK COMPLETED on May 1st, your degree packet will be printed and mailed the following year.

Students who find they are unable to attend the May graduation may receive their diplomas by mail and graduate *In Absentia* by checking the appropriate box above.

(“ALL” STUDENTS “MUST COMPLETE” FRONT AND BACK PAGES)

This INTENT TO GRADUATE FORM plus



The Cap-Gown-Hood RENTAL FEE OF \$75.00 (non-refundable)
MUST BE IN THE BETHANY OFFICE NO LATER THAN APRIL 1ST

CAP SIZE _____ OR _____ (INCHES AROUND HEAD)

HEIGHT ___ FT ___ INCHES CHEST SIZE ___ INCHES

(THE \$75.00 RENTAL FEE IS FOR THE RENTAL AND RESERVING OF YOUR CAP-GOWN-HOOD.
THE \$75.00 DOES NOT APPLY TOWARDS THE "PURCHASE".
IF YOU CHOOSE TO PURCHASE, YOU MUST STILL PAY THE \$75.00 RENTAL FEE.)

THE SECTION BELOW MUST BE COMPLETED BY "ALL" GRADUATES

NAME (FIRST, MIDDLE, AND LAST, AS YOU WANT IT TO APPEAR ON "ALL" DOCUMENTS)

(IF PRINTED DEGREE IS INCORRECT AND DIFFERENT FROM ABOVE, WE WILL CORRECT!
HOWEVER, IF STUDENT ERROR, THERE WILL BE A \$50.00 REPRINT FEE.
REPRINTED DEGREES TO BE MAILED WITHIN 90 DAYS)

PHYSICAL ADDRESS (NOT A POST OFFICE BOX)

CITY _____ **STATE** _____ **ZIP** _____

E-MAIL ADDRESS: _____

DEGREE TO BE ISSUED: _____

IF YOU ARE RECEIVING A "BACK-DATED" DEGREE PER DR. CARL WARDEN, DEAN, LIST IT BELOW:

SPOUSES NAME: _____

DAYTIME TELEPHONE NUMBER(S) **MONDAY THROUGH FRIDAY 8 AM - 4 PM**

() _____ **OR** () _____

FOR COLLEGE USE ONLY