I “WILL” ATTEND MAY Graduation on campus. I will pay the Graduation Fee of $175.00 upon arrival

I “WILL NOT” ATTEND MAY Graduation on campus, but will graduate “In Absentia”. I am enclosing the Graduation Fee of $175.00 with this form. 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 1.

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.
INTENT TO GRADUATE FORM

Effective April 1, 2012, The Graduation Fee Of $175.00 Must Be Paid At The Time Of Graduation.
Please Fill Out The Cap-Gown-Hood Information Below If You Plan To Attend Graduation. The Form Must Be In The Office NO Later Than April 1st.

CAP SIZE ________ or _________ (INCHES AROUND HEAD)

HEIGHT _____ FT _____ INCHES  CHEST SIZE _________ INCHES

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.
REPRINTERED DEGREES TO BE MAILED WITHIN 90 DAYS)

PHYSICAL ADDRESS

______________________________________________________________

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 ____________________________________________