



**DECLARATION OF INTENT TO GRADUATE
(Master's, Ed.S. or Doctoral Degree)**

OFFICE OF THE REGISTRAR
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Please see the [graduate academic calendar](#) for conferral date and thesis/dissertation submission deadlines.

I intend to graduate in: Spring Summer Fall

First Name Last Name MI

SiS ID# Telephone E-mail

Degree Major Option

Previous Degree Information (Students must fill out and please do not abbreviate the name of the school.)

Bachelor's Degree (BS, BA...) Country Year School

Other Degree (BS, BA...) Country Year School

If Required by Program:

Thesis/Dissertation Title

Anticipated Defense Date

Please be aware a student will not be cleared to graduate until a final review by the academic department confirms that the student has successfully completed all requirements for the degree.

I certify that the student has met all requirements of the degree program pending successful completion of the final semester grades and/or submission to UMass Lowell's [Electronic Theses and Dissertations \(ETD\)](#) for publishing.

Thesis/Dissertation Advisor (if applicable) _____
Signature

Graduate Coordinator _____
Signature

College Dean _____
(Education and Engineering only) Signature

I understand that I must register for a course or for Continuing Matriculation during the semester in which I graduate. (International students must have ISSO approval for course registrations for fewer than nine credits).

Date

Student Signature

Please submit completed form to your advisor (if applicable) and graduate coordinator.