



WORCESTER STATE UNIVERSITY  
GRADUATE SCHOOL

**INTENT TO GRADUATE FORM**

**GRADUATE STUDENTS** at Worcester State University must file the **Intent to Graduate Form** for the semester in which all course requirements, including the Comprehensive Examination or CHES Examination, will be completed.

A graduation fee of \$15.00 must accompany this form and be returned to: Office of Graduate & Continuing Education  
(The \$15.00 graduation fee will be waived for Post-Baccalaureate students) 486 Chandler Street  
Worcester, MA 01602

**STUDENT NAME:** \_\_\_\_\_  
*Please print your name exactly as you would like it to appear on your diploma and in the commencement program.*

**STUDENT I.D. #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Method of Payment**

- Check    MasterCard    Visa    Discover    American Express

Cardholder's Name (print) \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 or 4 digit security code \_\_\_\_\_

- DEGREE:**
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Education Specialist (EdS.) | <input type="checkbox"/> Master of Occupational Therapy                 | <input type="checkbox"/> Post-Baccalaureate Initial Teacher Licensure |
| <input type="checkbox"/> Master of Arts              | <input type="checkbox"/> Master of Science                              | <input type="checkbox"/> Post-Masters Nursing Cert.                   |
| <input type="checkbox"/> Master of Education         | <input type="checkbox"/> Post-Baccalaureate Certificate (non-licensure) |   |

*Check One:*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Biotechnology                | <input type="checkbox"/> Health Care Administration         | <input type="checkbox"/> Nursing: Nurse Educator      |
| <input type="checkbox"/> Curriculum & Instruction     | <input type="checkbox"/> History                            | <input type="checkbox"/> Reading                      |
| <input type="checkbox"/> Early Childhood              | <input type="checkbox"/> Management                         | <input type="checkbox"/> Secondary                    |
| <input type="checkbox"/> Elementary                   | <input type="checkbox"/> Middle School                      | <input type="checkbox"/> School Leadership and Admin. |
| <input type="checkbox"/> English                      | <input type="checkbox"/> Moderate Disabilities              | <input type="checkbox"/> School Psychology            |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Non Profit Management              | <input type="checkbox"/> Spanish                      |
| <input type="checkbox"/> Health                       | <input type="checkbox"/> Nursing: Community & Public Health | <input type="checkbox"/> Speech Language Pathology    |

If you are completing an initial teacher licensure program, please check here:

**COMPREHENSIVE EXAM WILL BE TAKEN ON:** \_\_\_\_\_  
(For English, History, Spanish Graduate Students Only)

**CHES EXAM WILL BE TAKEN ON:** \_\_\_\_\_  
(For Health Education Graduate Students Only)

**ASHA EXAM WILL BE TAKEN ON:** \_\_\_\_\_  
(For SLP Graduate Students Only)

**PRAXIS II EXAM WILL BE TAKEN ON:** \_\_\_\_\_  
(For School Psychology Graduate Students Only)

**I intend to complete my degree requirements in:**

- MAY    AUGUST    DECEMBER   of YEAR: \_\_\_\_\_

**DEADLINE FOR FILING:**  
**March 15 for May**  
**June 15 for August**  
**October 15 for December**