

**INDIANA UNIVERSITY SCHOOL OF NURSING
INTENT TO GRADUATE FOR PhD DEGREE**

Form Must be Submitted At Least 30 days prior to Intended Semester of Graduation

Name _____ Date _____

10-Digit Student ID _____

Intended Semester of Graduation (sem/yr) _____

Do You Intend to Participate in the Graduation Ceremony? ___ Yes ___ No

Have You Informed the Graduate School as Required? ___ Yes ___ No

Have You Done All Finalizing as Required (Meetings with Debra Sullivan in the Graduate School)? ___ Yes ___ No

(please refer to http://www.iupui.edu/~gradoff/docs/theses_dissertation.pdf)

Are all your grades complete (removal of all I's & R's)? _____

What professional position will you hold after graduation?

What state will you live in after graduation?

How has the PhD in Nursing Science benefited your professional aspirations?

If your primary position will not be in teaching; do you intend to teach some of the time? ___ Yes ___ No

How often _____

If your primary position will not be in research; do you intend to participate in research some of the time? ___ Yes ___ No

How often _____