School of Veterinary Medicine
Intent to Graduate Form

PLEASE FAX TO 1-800-565-7177 or 407-488-1743, Attn: Registrar's Department

Please submit your Intent to Graduate form at least 2 months prior to your anticipated graduation date. Submitting it any later may result in delaying your diploma due to order times required by the printer.

PRINT name, including middle name: NOTE: If name indicated does not exactly match our records, you will be required to submit a signed passport showing your full and legal name.
__Mr. __Mrs. __Ms. _____
(Name printed on diploma)

Student I.D. Number: _____ **No P.O. BOX Addresses**

Address (To which diploma can be shipped) _____

City _____ State _____ Zip _____ Country _____

Phone# _____ Cell# _____

Email Address _____

Term in which you anticipate graduating:

February 20___ June 20___ October 20___

All rotations must be completed and accounts must be paid by the deadline, which is 2 weeks prior to the graduation date.

Student's Signature _____ Date _____

The $500.00 Graduation Fee is required for all graduates. Students will be billed by Student Accounts upon receipt of this form.

PLEASE COMPLETE THE FOLLOWING INFORMATION, IF AVAILABLE:

Board Scores:
BCSE Score _____ Date Taken: _____ Pass or Fail: _____
NAVLE Score _____ Date Taken: _____ Pass or Fail: _____
PAVE Score _____ Date Taken: _____ Pass or Fail: _____
May students contact you via email in regard to your experiences? ___Yes ___ No
Comments: _____

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To Be Completed By SMU

Accounting Office:
Signature: _____ Date: _____

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Admissions Office:
Admissions Office Signature: _____ Date: _____

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Basic Sciences Office:
Clinical Sciences Office Signature: _____ Date: _____

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Clinical Sciences Office:
Clinical Sciences Office Signature: _____ Date: _____
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Registrars Office
Registrars Office Signature: _____ Date: _____

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ECFVG Requirements

SMU will send a copy of your diploma with your final transcript to ECFVG with your signed approval below and payment of all fees, if applicable. There will be a $10 fee, which is required before we will send any items to ECFVG.

By signing below, I authorize SMU to send a copy of my diploma and final transcript to ECFVG upon my graduation.

_____ _____
Signed Name Date

_____
Printed Name

For Office Use Only:
Payment Due _____
Payment Approved _____
Date Sent _____
Issued by _____

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PAVE Requirements

SMU will send a copy of your diploma with your final transcript to PAVE with your signed approval below and payment of all fees, if applicable. There will be a $10 fee, which is required before we will send any items to PAVE.

By signing below, I authorize SMU to send a copy of my diploma and final transcript to PAVE upon my graduation.

_____ _____
Signed Name Date

_____
Printed Name

For Office Use Only:
Payment Due _____
Payment Approved _____
Date Sent _____
Issued by _____