

**University of Houston – Graduate College of Social Work
Ph.D. Program**

INTENTION TO GRADUATE FORM

TO: The Ph.D. Program Director

FROM: _____
STUDENT NAME (PRINT)

CC: _____
DISSERTATION CHAIRPERSON NAME (PRINT)

I intend to graduate:

_____ Fall Semester	----- (year)
_____ Spring Semester	----- (year)
_____ Summer Semester	----- (year)

The working title of my dissertation is:

My tentative oral defense date is: _____

Confirm with your initials that you have done the following:

- _____ Submitted University Graduation Application and Fee
- _____ Collected/secured data for my dissertation
- _____ attached a semester timeline for the completion of and oral defense of my dissertation
- _____ submitted a draft of the following to my dissertation chair (e.g. Chapters 1, 2 & 3; Article #1 of 2): _____

The Dissertation Chairperson's signature is required to validate this form which **does not** guarantee graduation. All graduation requirements set forth by the University of Houston, Graduate School, Graduate College of Social Work and the GCSW Doctoral Program must be met. Please refer to the Doctoral Program Handbook and Graduation Policy for specific guidelines.

STUDENT SIGNATURE

DATE

DISSERTATION CHAIRPERSON SIGNATURE

DATE

PH.D. PROGRAM DIRECTOR

DATE