



INTENT TO GRADUATE FORM

Complete all information on this form.

Name:

Last

First

Middle

Student number:

*Email:

Phone Numbers: Local

Cell

Parents

*Your local mailing address: Street Address 1

Street Address 2

City

State

Zip

Parents mailing address: Street Address 1

Street Address 2

City

State

Zip

When do you intend to graduate? Month:

Year:

Select your major(s): Major 1:

Major 2:

**All information will be sent to the email and local addresses you entered in this form.*

WHEN YOU HAVE COMPLETED THIS FORM

Save the form to your computer.

Send it as an email attachment to advising@bus.olemiss.edu .

You will receive an email reply to confirm receipt of the form.