

M E M O: OCTOBER GRADUATES

Department _____

Date returned _____

TO: Department Chairpersons/Administrative Assistants

FR: Graduate College Dean's Office

RE: **POTENTIAL GRADUATES OCTOBER 2009**

1. List the names of the Graduate Students who may receive their Master's or Doctoral degree in October.
2. Return this form and a completed INTENT TO GRADUATE FORM for each student on the list.

DUE: JULY 1, 2009 for OCTOBER graduates

3. If there are no graduates for this period - - **specify NONE and return this form.**
4. Additions or Deletions to your original list: Notify this office in writing, or e-mail: gradcoll@uvm.edu _____
5. Keep a copy of this list and any revisions.

RETURN BY DEADLINE TO: Graduate College, 332 Waterman

From _____ Phone # _____ e-mail _____

PRINT in alpha order

Indicate DEGREE and PROGRAM

	Master's	Master's	Doctoral	
<u>Name of Student</u>	<u>Non-Thesis</u>	<u>Thesis</u>	<u>PhD - EdD</u>	<u>Program</u>