



SCHOOL OF MUSIC

Artist Diploma
Intent to Graduate

TCU ID# _____

Date _____

Name _____

Last

First

Middle

Permanent Home Address _____

Street

City

State

Zip

Country (If Non-U.S.)

Local Mailing Address _____

Street

City

State

Zip

Local Phone _____ Email Address _____

Name as you wish it to appear on your diploma _____

Please mail my diploma to my [] Permanent Address [] Local Address

[] I would like to pick-up my diploma (The Registrar's Office will contact you at the phone number and/or email provided above when your diploma is ready. The Registrar's Office is located in Sadler Hall - Room 17.)

Anticipated Date of Graduation _____

Month (May, August, or December) and Year

DO NOT COMPLETE BELOW THIS LINE - OFFICE USE ONLY

Hours Completed _____ Hours in Progress _____ Total Hours _____

Recital IV Completed _____ Grade Received _____

Date

Artist Diploma in _____

Instrument/Discipline

The above named student has successfully completed all of the requirements for the Artist Diploma Program in the TCU School of Music.

Applied Professor

Director, School of Music

Date: _____

Checked by: _____

Cc: Student/Registrar