

UNIVERSITY OF MISSOURI-ST. LOUIS  
COLLEGE OF EDUCATION DOCTORAL PROGRAMS

**Declaration of Intent to Graduate (COE-6)**

Name \_\_\_\_\_ Student # \_\_\_\_\_

I plan to complete requirements for the Ed.D. or Ph.D. Degree by submitting my dissertation for the following graduation session:

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

My degree program emphasis is:

Ph.D. in

Teaching-Learning Processes  
Counseling  
Educational Psychology  
Educational Leadership & Policy Studies

Ed.D. in

Educational Practice (NEW PROGRAM)

OLD PROGRAM:

Educational Administration  
Adult and Higher Education  
Teaching-Learning Processes  
Counselor Education

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dissertation Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to Laura Watt (wattl@umsl.edu) by the stated deadline each semester.