

The University of Winnipeg
MARRIAGE AND FAMILY THERAPY PROGRAM

INTENT TO GRADUATE

Please print and return completed form by mail or fax **by April 4** to:

The University of Winnipeg, Master of Marriage & Family Therapy Program,
c/o Aurora Family Therapy Centre, 515 Portage Ave., Winnipeg, MB R3B 2E9
Attention: Dr. Narumi Taniguchi Fax: (204) 772-2547

First Name: _____ Last Name: _____ Student #: _____

Home Address: _____ Postal Code: _____

City & Province: _____ Phone (home): _____

Phone (work): _____ Phone (cell): _____

Email: _____ Previous Degree: _____

Institution from which previous degree was received: _____

Certificate being applied for: Theory Therapy Both

MMFT Degree being applied for:

Certificates will be awarded in **June**. Degrees will be awarded in **October**. Degree candidates must apply for graduation before the **August 15** deadline (Application form is available on the Graduate Studies Website).

Student's Signature

Date

Office Use Only:

Date form received: _____

Requirements to graduate verified by _____