

Undergraduate/Graduate INTENT TO GRADUATE REQUEST FORM

To be completed by student: (Please print clearly.)

Name: _____ XXX-XX-_____
Last 4 digits of Social Security number

Undergraduate Degree:

- | | |
|---|--|
| AS, Arts & Sciences | BS, Forensic Science |
| AS, Clinical Laboratory Sciences | BS, Gerontology |
| AS, Long-Term Care Administration | BS, Health Sciences |
| AS, Nursing | BS, Health Service Administration, Non-Clinical |
| AS, Physical Therapist Assisting | BS, Health Service Administration, Clinical |
| AS, Applied Science (Practical Nursing) | BS, Human Medicine |
| AS, Radiologic Technology | BS, Nursing (RN-BSN) |
| AS, Respiratory Therapy | BS, Post-Baccalaureate Pre-Medical Program |
| AS, Surgical Technology | BS, Pre-Physician Associate Baccalaureate Program |
| BA, Behavioral Sciences | Diploma, Practical Nursing |
| BA, Humanities | Minor, Chemistry (must be received with a baccalaureate degree) |
| BS, Biology | Minor, English (must be received with a baccalaureate degree) |
| BS, Clinical Laboratory Sciences | Minor, Psychology (must be received with a baccalaureate degree) |

Graduate Degree:

- | | |
|---|------------------------------------|
| MS, Anesthesiology (Nurse Anesthesia) | MS, Nursing (Nurse Educator Track) |
| MS, Nursing (Nurse Administrator Track) | MMS, Physician Associate |

I request a review of my academic record and verification that I am able to proceed to my last semester of my degree program and become a candidate for graduation.

I have read and understand the "General Requirements for Graduation" listed in the current college catalog.

I understand that I will be assessed a \$50 graduation fee during my last semester of my degree/certificate program. I understand that, when notified, I must pay this fee in order to be considered a candidate for graduation and to receive my cap and gown, grades, diploma and official transcript.

I understand I must submit a final official transcript if I am enrolled in a course(s) at another institution.

Anticipated Date of Graduation: Month _____ Year _____

Signature: _____ Date: _____

Note: Dual degree candidates must turn in a SEPARATE form for each degree — signed by an advisor for each program.

To be completed by Academic Advisor: Please review unofficial transcript with student and forward this form (plus any supporting documents) to the Registrar's Office.

I have reviewed the progression of the student named above and verify that the student
IS ELIGIBLE **IS NOT ELIGIBLE**
to proceed to the last semester of the degree program and become a candidate for graduation.
I have attached a copy of a preliminary audit and supporting documents (e.g. course substitutions, waivers, etc.)

Signature: _____ Date: _____

Comments: _____
