



# Undergraduate / Graduate INTENT TO GRADUATE

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

Name: \_\_\_\_\_ Student ID# - \_\_\_\_\_

## Undergraduate Degree:

- |  |  |
|--|--|
| <input type="checkbox"/> Diploma, Practical Nursing        | <input type="checkbox"/> BS, Biology, Forensic Science                   |
| <input type="checkbox"/> AS, Arts & Sciences, Biology      | <input type="checkbox"/> BS, Biology, General Biology                    |
| <input type="checkbox"/> AS, Arts & Sciences, Chemistry    | <input type="checkbox"/> BS, Biology, Pre-Professional Human Medicine    |
| <input type="checkbox"/> AS, Arts & Sciences, Liberal Arts | <input type="checkbox"/> BS, Clinical Laboratory Sciences                |
| <input type="checkbox"/> AS, Nursing                       | <input type="checkbox"/> BS, Health Sciences, Biology                    |
| <input type="checkbox"/> AS, Physical Therapist Assisting  | <input type="checkbox"/> BS, Health Sciences, Psychology                 |
| <input type="checkbox"/> AS, Radiologic Technology         | <input type="checkbox"/> BS, Health Service Administration, Clinical     |
| <input type="checkbox"/> AS, Respiratory Therapy           | <input type="checkbox"/> BS, Health Service Administration, Non-Clinical |
| <input type="checkbox"/> AS, Surgical Technology           | <input type="checkbox"/> BS, Nursing (RN-BSN)                            |
|  | <input type="checkbox"/> BS, Nursing (Pre-Licensure)                     |
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- |   |  |
|---|--|
| <input type="checkbox"/> BA, Liberal Studies, English           | <b>Minors: (Require Baccalaureate Program)</b> |
| <input type="checkbox"/> BA, Liberal Studies, Psychology        | <input type="checkbox"/> Minor, Chemistry      |
| <input type="checkbox"/> BA, Liberal Studies, Religious Studies | <input type="checkbox"/> Minor, English        |
| <input type="checkbox"/> BA, Liberal Studies, Social Sciences   | <input type="checkbox"/> Minor, Psychology     |

## Graduate Degree:

- |  |   |
|--|---|
| <input type="checkbox"/> MS, Nurse Anesthesia                    | <input type="checkbox"/> MS, Nursing (Nurse Educator Track) |
| <input type="checkbox"/> MS, Nursing (Nurse Administrator Track) | <input type="checkbox"/> MMS, Physician Assistant           |
| <input type="checkbox"/> MS, MHA (Health Administration)         |   |

- 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 \$100 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: \_\_\_\_\_

