



# Undergraduate / Graduate INTENT TO GRADUATE

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

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

### Undergraduate Degree:

- Diploma, Practical Nursing
- AS, Arts & Sciences, Biology
- AS, Arts & Sciences, Chemistry
- AS, Arts & Sciences, Liberal Arts
- AS, Nursing
- AS, Physical Therapist Assisting
- AS, Radiologic Technology
- AS, Respiratory Therapy
- AS, Surgical Technology
- BS, Biology, Forensic Science
- BS, Biology, General Biology
- BS, Biology, Pre-Professional Human Medicine
- BS, Clinical Laboratory Sciences
- BS, Health Sciences, Biology
- BS, Health Sciences, Psychology
- BS, Health Service Administration, Clinical
- BS, Health Service Administration, Non-Clinical
- BS, Nursing (RN-BSN)
- BS, Nursing (Traditional)

- BA, Liberal Studies, English
- BA, Liberal Studies, Psychology
- BA, Liberal Studies, Religious Studies
- BA, Liberal Studies, Social Sciences

### Minors: (Require Baccalaureate Program)

- Minor, Chemistry
- Minor, English
- Minor, Psychology

### Graduate Degree:

- MS, Nurse Anesthesia
- MS, Nursing (Nurse Administrator Track)
- MS, MHA (Health Administration)
- MS, Nursing (Nurse Educator Track)
- MMS, Physician Assistant

- 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: \_\_\_\_\_

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