

Intent to Graduate must be completed by the student and signed by the advisor.

Deadlines: **April 15th** for students graduating in December (end of summer and fall semesters) & **November 15th** for student graduating in May (end of spring term)

To be completed by the student: Anticipated Date of Graduation: (mm/year): _____

Full Legal Name: _____

DOB: (mm/dd/year): _____ Program: BSN _____ RN-BSN _____

Name as it is to appear on your diploma: _____

Yes, I will participate in graduation: or

No, I will not participate in graduation, please send my diploma via U.S. Mail to this address:

P.O. Box or Street	City	State	Zip Code
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I request a review of my academic record and a verification that I am able to proceed to my last semester of my degree program and become a “pending graduate”. I have read and understand the “Graduation Requirements” listed in the current college catalog. The college is permitted to publish my name in graduation publications.

Signature: _____ Date: (mm/dd/year): _____

Former last names (if any): _____

To be completed by the advisor: we have reviewed the student’s progress and outstanding coursework (final semester). The student has completed all 56 general education credits.

I verify that the student named above **is eligible** **is not eligible** to proceed to the last semester of the degree program and become a “pending graduate”.

Advisor Signature: _____ Date: (mm/dd/year): _____

Please forward to the Office of the Registrar