STUDENT NOTICE OF INTENT TO GRADUATE/ SPECIAL REQUEST FOR FORMAL AWARD

TO PROCESS THIS FORM:
1. The student's advisor must meet with the student to complete the Intent to Graduate form and review Plan of Study.
2. Submit completed form and Plan of Study to Dean of Instruction's Office.

**********NOTE: This is due at the time the student registers for his/her last semester. **********

PLEASE PRINT IN BLUE OR BLACK INK

NAME_____
(AS IT SHOULD APPEAR ON THE AWARD)

SOCIAL SECURITY NUMBER_____/_____/_____ **AIS NUMBER**_____

PERMANENT ADDRESS_____
(STREET/P.O. BOX / APT. NUMBER) (WHERE CERTIFICATE SHOULD BE MAILED)

_____
CITY COUNTY STATE ZIP CODE

I plan to graduate _____ semester 20_____ with a/an _____
(Spring, Summer, Fall) (AAT, Certificate of Completion, STC,)

in _____: _____
(Program) (Area of concentration)

I have reviewed my Plan of Study with my advisor and we have confirmed that I am to complete all course requirements by the end of the semester designated above. If I do not complete all course requirements this semester, I understand that I must submit a new Intent to Graduate form.

_____ **APPROVED**: _____
Student's Signature Date Advisor's Signature Date

_____
Dean of Instruction's Signature Date

This form will be submitted to the Student Services Division.

FOR OFFICE USE ONLY

Plan of Study on file in Student Services Office_____ Date received by Student Services _____/_____/_____

Graduation Requirements Met (evaluation/approval) _____

Date Award Issued _____/_____/_____ Signature _____