## 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.

## PLEASE COMPLETE ELECTRONICALLY OR PRINT IN BLUE OR BLACK INK

NAME	A NUMBER		
	AS IT SHOULD APPEAR C	N THE AWARD)	
SOCIAL SECURITY NUMBER	//	AIS NUMBER	
PERMANENT ADDRESS			
(STRE	ET / P.O. BOX / APT. NUM	BER) (WHERE CERTIFICATE SHOUL	D 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)	
Student's Signature		APPROVED:	
I understand that I must submit a new	Intent to Graduate form.		
Student's Signature	Date	APPROVED: Advisor	Date
C C			
		Dean of Instruction	Date
		Dean of instruction	Date
ALTERNATE CONTACT INFORMATION	I (If released or transferred	l within six (6) months)	
	(STREET / P.O. BOX / AF	PT. NUMBER)	
CITY	COUNTY	STATE	ZIP CODE
PHONE NUMBER			
THIS FORM WILL BE SUBMITTED TO T	THE Student Services Divis	ion	
FOR OFFICE USE ONLY			
Plan of Study on file in Student Service	es Office Dat	e received by Student Services	//
Graduation Requirements Met (evalua	ation/approval)		
Date Award Issued //	Signature		