

INTENT TO GRADUATE FORM

If you plan to graduate (or stand at the graduation ceremony in June), you must complete this form and return it to the Registrar's Office. If all of your graduation requirements will be met, please choose the appropriate month you intend to graduate. In addition to the traditional granting of degrees in June, there are also opportunities to grant you your degree throughout the year at the Board of Trustees meetings that happen in January, April, July, and October.

Last Name: _____ First Name: _____
(Print Clearly) (Print Clearly)

_____ **YES**, I plan to graduate in _____, 20____. ***All of my graduation requirements will be met.***

_____ **NO**, I will have 3 or fewer credits left to complete, but I would like to stand in the 20____ graduation ceremony. ***I understand that I will be receiving my diploma at a later date after all my degree requirements have been met.***

I have completed (or will complete) the following:	<u>Completed</u>	<u>Will complete</u>
Freshman Requirements (Core Course, W, QR, HY)	_____	_____
Resource Area Requirements (two each: AD, ES, HS)	_____	_____
Internship	_____	_____
Writing Portfolio	_____	_____
Community Service	_____	_____
Human Ecology Essay	_____	_____
Final Project	_____	_____
Incompletes/Extensions	_____	_____
Total Credits (36 to graduate, 33 to stand)	_____	_____

In order for you to receive your diploma, the Registrar's Office must have a record of the completion of all of the above (see Certification of Degree Requirements form). If you are unsure about your record and/or your transcript, you should discuss these concerns with your advisor AND stop by the Registrar's Office as soon as possible.

As a default , the Registrar's Office will print your name of record (sometimes referred to as "legal name") on your diploma. College practice allows for the printing of a chosen first name on the diploma (see more information about potential implications on the chosen name process & FAQ document on the Registrar's webpage (www.coa.edu/Registrar). If you would like to do so please print clearly that name below:

(CHOSEN FIRST NAME TO BE PRINTED ON YOUR DIPLOMA)

PRINT (clearly) the City or Town, State, and Country (where you are from) that you would like to appear in the Graduation Program:

(CITY) (STATE) (COUNTRY)

Signature: _____ **Date:** _____

Off-campus email address: _____

Advisor: _____ **Date:** _____

Signature