



# East Arkansas Community College

Serving the Arkansas Delta Since 1974

## Intent to Graduate Application

<b>Intended Date of Graduation:</b>		<b>Student ID Number:</b>		
<b>Name as it Should Appear on Diploma: (First, Middle, Last)</b>				
<b>Address for Graduation Information: (Street/Box-City-State-Zip)</b>				
<b>Cellphone:</b>		<b>Home phone:</b>	<b>Work phone:</b>	
<b>Alternate Email Address:</b>				
<b>DEGREE DETAILS</b>				
<b>Associate of Arts (Specify):</b> _____				
<b>Associate of Science (Specify) :</b> _____				
<b>Associate of Applied Science:</b> _____				
<b>Certificate:</b> <input type="checkbox"/> General Studies				
<b>Technical Certificate (Specify):</b> _____				
<b>Certificate of Proficiency (Specify):</b> _____				
<b>STUDENT SIGNATURE:</b>			<b>DATE:</b>	
<b>ADVISOR SIGNATURE:</b>			<b>DATE:</b>	
<b>Race:</b>	<b>Sex:</b>	<b>Height*:</b>	<b>Weight*:</b>	<b>Initial if not walking:</b>
* Please keep in mind that the gowns run small, so please allow for your body build, the type of clothing to be worn under the gowns, the shoes to be worn with the gowns, etc., when relaying your height and weight.				
<b>FOR REGISTRAR'S OFFICE USE ONLY</b>				
<b>Intent to Graduate:</b>	<b>Degree Audit(s):</b>		<b>Signatures:</b>	
<b>Cumulative Hours:</b>	<b>Cumulative GPA:</b>		<b>File Complete for Graduation:</b>	

Please complete the Graduation Survey, degree audit, and attached to this form and return to Registrar's office.