



Intent to Participate in Commencement Form

Intended Date of Commencement:		Student ID Number:		
Name as it Should Appear on Diploma: (First, Middle, Last)				
Address for Graduation Information: (Street/Box-City-State-Zip)				
Cellphone:		Home phone:	Work phone:	
Alternate Email Address:				
DEGREE DETAILS				
Associate of Arts (Specify): _____ Associate of Science (Specify) : _____ Associate of Applied Science: _____ Certificate: <input type="checkbox"/> General Studies Technical Certificate (Specify): _____ Certificate of Proficiency (Specify): _____				
STUDENT SIGNATURE:			DATE:	
ADVISOR SIGNATURE:			DATE:	
Race:	Sex:	Height*:	Weight*:	Initial if not walking:
<i>* 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.</i>				
FOR REGISTRAR'S OFFICE USE ONLY				
Intent to Graduate:	Degree Audit(s):		Signatures:	
Cumulative Hours:	Cumulative GPA:		File Complete for Graduation:	

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