



INTENT TO GRADUATE FORM

Please print your name as you wish it to appear on your diploma or degree:

First Middle Maiden (Optional) Last

Address After Graduation: Street City State/Zip

( ) - ( ) -

Home Phone After Graduation Work Phone After Graduation Email Address After Graduation

Anticipated Completion Date of Program Requirements Anticipated Graduation Date

By signing below, the Academic Advisor verifies that program requirements have been met and the anticipated graduation date has been confirmed.

Advisor's Signature Date

CREDENTIAL AND PROGRAM:

- Associate Degree in Nursing, Associate Degree in Surgical Technology, Associate Degree in Medical Assistant, Associate Degree in Pharmacy Technology, Associate Degree in Occupational Therapy Assistant, Associate in Science, Diploma in Surgical Technology, Diploma in Medical Assistant, Bachelor of Science in Nursing, Bachelor of Science in Medical Imaging, Bachelor of Science in Interdisciplinary Health Studies, Master of Occupational Therapy

Are you a veteran of the US Armed Forces? Yes No
If yes, would you like to be recognized in the graduation ceremony program? Yes No

I understand that in order to graduate, I will:

- Complete a minimum of 25% of the total credit hours needed for graduation at Cabarrus College; the minimum must include at least 50% of the credit hours in the major (undergraduate students).
Complete a minimum of one-third of the total credit hours needed for graduation at Cabarrus College; the minimum must include at least 50% of the credit hours in the major (graduate students).
Complete all requirements of the curriculum in which I am enrolled.
Register for and complete the post ETS Proficiency Profile during the last semester of enrollment (associate and baccalaureate students only).
Meet all financial obligations to the College including but not limited to tuition, parking fees, library, and graduation fees, having a \$0 balance with the College business office.
For students with Federal Direct loans, agree to attend the required Federal loan exit counseling sessions to review my rights and responsibilities in paying back college loans.
Complete all exit surveys.
Return my ID badge to the Student Records Office.
I authorize Cabarrus College of Health Sciences to release my academic record/transcripts as needed for possible employment, to Carolinas Healthcare System.

Student's Signature Date

TO BE COMPLETED BY THE STUDENT RECORDS OFFICE:

Received By Date