

# COLLEGE OF THE ATLANTIC

## INTENT TO GRADUATE

**If you plan to graduate or stand in June, you must complete this form and return it to the Registrar's Office. (Drop off, mail, scan to email, or FAX to 207-288-2947)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Print Clearly) (Print Clearly)

\_\_\_\_\_ **YES**, I plan to graduate in June, 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.*

**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)

**PRINT (clearly) your FULL NAME as you would like it to appear on your diploma:**  
*If this name is different than the name in your student record, bring proof of name to the Registrar's Office*

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Alternate email address: \_\_\_\_\_

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature