



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

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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 Health Services Leadership & Management
Bachelor of Science in Medical Imaging
Bachelor of Science in Interdisciplinary Health Studies

I understand that in order to graduate I will:

- Successfully complete all College and curriculum requirements as identified in the College Catalog, Student Handbook and other College publications.
Have a minimum GPA of 2.0 to be eligible for graduation.
Register for and complete the post ETS Proficiency Profile during the last semester of enrollment.
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 Stafford loans, I 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 college 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 COLLEGE OFFICE:

Received By Date