

INTENT TO GRADUATE FORM FOR SPRING 2014

NAME IN FULL (PLEASE PRINT)				CUNYfirst ID#
Last Name:		First Name:		
STREET NUMBER			APT. No.	Term:
CITY:	STATE:	Zip Code:	TELEPHONE:	Date of Birth
			() -	

Have you applied for graduation before? Yes No

Are you registered for Session II? Yes No

Note: If you plan on graduating either at the end of session I or session II - you must register for intent to graduate during session I.

Total number of credits completed: _____

Current Major: _____

E-mail address: _____

Is your GPA below 2.00 Yes No

You must sign, date and drop off this form in the Enrollment Services Center (C107)

Student Signature: _____ Received by Registrar's Office: _____

Date: _____

Office use only:

--