Quinsigamond Community College
Registrar's Office
670 West Boylston Street
Worcester, MA. 01606
508-854-4257

INTENT TO GRADUATE FORM

(Return to the Payment Center, room 65 Administration Building, with the $55 Graduation Fee.)

This form is necessary so that the College can review your academic history and verify that all curriculum requirements have been met, and to certify your eligibility for graduation.

I will complete all Requirements in:
May 200 __ December 200 __ August 200 __

Name - Print EXACTLY as it should appear on the Diploma:

_____ _____ _____
First Middle Last

Student ID: _____ Social Security Number: _____

Address: _____
Street

_____
City State Zip

Email: _____

Phone Number: (___) _____ (___) _____ (___) _____
Home Work Cell

Major in which you intend to graduate: _____
Check One: _____ **Degree** _____**Certificate**

Student Signature: _____ **Date:** _____

If you are currently taking or will be taking transfer course(s) elsewhere, please provide the following information:

School: _____

Course Number and Title: _____

Date course will end: _____

An official transcript from the institution must be sent to the Registrar at Quinsigamond Community College upon completion of the course.

If you are a candidate for two degrees/certificates please complete a separate form for each degree or certificate.