



## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Associate Degree in Nursing                      | <input type="checkbox"/> Bachelor of Science in Nursing                                 |
| <input type="checkbox"/> Associate Degree in Surgical Technology          | <input type="checkbox"/> Bachelor of Science in Health Services Leadership & Management |
| <input type="checkbox"/> Associate Degree in Medical Assisting            | <input type="checkbox"/> Bachelor of Science of Medical Imaging                         |
| <input type="checkbox"/> Associate Degree in Pharmacy Technology          |   |
| <input type="checkbox"/> Associate Degree as Occupation Therapy Assistant |   |
| <input type="checkbox"/> Associate in Science                             |   |
| <input type="checkbox"/> Diploma in Surgical Technology                   |   |
| <input type="checkbox"/> Diploma in Medical Assisting                     |   |

### 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.
- Complete the CAAP (College Assessment of Academic Proficiency) prior to graduation, for associate degree and baccalaureate students only.
- Complete the volunteer hours (as specified in my program as found in the College Catalog), the fall or spring break prior to my graduation date, submitting the volunteer form to student services.
- 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 College exit counseling sessions to review my rights and responsibilities in paying back college loans.
- Complete and return all exit surveys.
- Return my ID badge to the college office no later than graduation day.
- I authorize Cabarrus College of Health Sciences to release my academic record/transcripts as needed for possible employment to the Carolinas Healthcare System

Student's Signature Date