



School of Continuing Education

549 River Avenue, Providence, RI 02918-0001

Email: sce@providence.edu

Phone.: (401) 865-1487

Fax: (401) 865-1723

INTENT TO GRADUATE FORM

DEADLINES to submit Intent to Graduate form with fee payment:

DECEMBER graduates - by AUGUST 15

MAY graduates - by NOVEMBER 15

Student's name

Banner ID. no.

Street Check here if new address

City

State

Zip

Telephone: Home

Cell

Email address

DEGREE / MAJOR: Please indicate degree and major concentration: [ Ex.: ✓ Bachelor of Arts (B.A.) Liberal Studies ]

Associate of Arts (A.A.) Bachelor of Arts (B.A.)

Associate of Science (A.S.) Bachelor of Science (B.S.)

At the end of which semester do you intend to complete your degree? December May

Do you plan to attend Commencement exercises in May? Yes No

- December graduates are invited to participate in Commencement exercises to be held the following May.
Intent to Graduate fee payment must accompany this form; not attending Commencement does not void fee requirement.
Diplomas will be released to those graduates who have successfully satisfied their degree requirements and fulfilled their financial commitments to the college.

Eta Lambda Honor Society member: Yes No

DIPLOMA NAME: This is how your name appears in our records and how it will appear in the Commencement program and on your diploma:

Yes, I would like my name to appear as indicated above.

No, I would like my name to appear as indicated below: (Note: This may require formal change of record.)

\* Pronunciation of Name: If you are concerned about the pronunciation of your name at Commencement, please spell it phonetically below: (Ex.: Cuenca Northanger = Koo - en - ka North - an - jer)

I CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE:

STUDENT'S SIGNATURE

DATE

[ For office use only - payment received ]

INTENT TO GRADUATE PAYMENT FORM: Providence College School of Continuing Education

Student's name

Banner ID. no.

Intent to Graduate fee - \$185.00

Method of payment (circle one): Payment in full with enclosed check Credit card

VISA or MASTERCARD Card No.

Exp. Date

STUDENT'S SIGNATURE

DATE

Make checks payable to Providence College/SCE and include the last four digits of your Banner ID number on the check.

Mail to: Providence College, School of Continuing Education, 549 River Avenue, Providence, RI 02918-0001

[ For office use only: graduate ]