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River Valley Community College  
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[www.rivervalley.edu](http://www.rivervalley.edu) 603-542-7744 [rivervalley@ccsnh.edu](mailto:rivervalley@ccsnh.edu)

## INTENT TO GRADUATE 2018-2019

A \_\_\_\_\_, \_\_\_\_\_  
Student ID# Last Name First Name MI

Address: \_\_\_\_\_  
Street/PO Box, Apt # City State Zip Code

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Associate Degree \_\_\_\_\_ Certificate \_\_\_\_\_  
(Please submit a separate form for each program you intend to graduate from.)

### Name exactly as you would like it to appear on your diploma:

\_\_\_\_\_  
(Please print clearly. This is where you can decide if you want your middle name or initial, a formal first name or a shortened version, etc.)

### Anticipated Graduation Date:

\_\_\_ December 2018\* Intent to Graduate form due November 1, 2018

\_\_\_ May 2019\* Intent to Graduate form due November 1, 2018

\_\_\_ August 2019\* Intent to Graduate form due November 1, 2018

(\*See Student Handbook for information on graduation requirements and policies)

Do you plan to participate in the graduation ceremony on May 17, 2019? \_\_\_Yes \_\_\_No

Are you a member of the Phi Theta Kappa Honor Society? \_\_\_Yes \_\_\_No

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email this completely filled out and signed form to: [RVCCRegistrar@ccsnh.edu](mailto:RVCCRegistrar@ccsnh.edu)  
You may also fax it to: (603) 543-1844 or Mail it to: RVCC, Attn: Registrar's Office, 1 College Place, Claremont, NH, 03743

### Registrar's Office Use Only

Notes: