Received:



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INTENT TO GRADUATE 2019-2020

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 s	reparate form for each pr	ogram you intend	to graduate from	n.)	
Name exactly as you would li	ke it to appear on you	ır diploma:			
	Jeres	1			
(Please print clearly. The	-			r initial, a	
J	ormal first name or a sho	ortenea version, et	с.)		
Anticipated Graduation Date:					
December 18, 2019	December 18, 2019* Intent to Graduate form due November 1, 2019				
May 15, 2020*	Intent to Gradua	Intent to Graduate form due November 1, 2019			
August 12, 2020*	Intent to Gradua	te form due Nov	vember 1, 2019		
(*See Student Handbook for int	formation on graduation	on requirements and	policies)	
Do you plan to participate i	n the graduation ceremor	ny on May 15, 202	20? Yes	No	
	ve remaining credits to finish			uit the	
Exception to Participate in	Graduation Exercises On M B. Please ensure you are regist	1ay 15, 2020 Reques	t Form to the Off		
	. Tieuse ensure you are regist	iereu jor mose ciusses	requirea io jinisii.		
Student Signature & Date:					
Advisor Signature & Date:					
Please email this compl	etely filled out and sign	ned form to: RV	CCRegistrar@a	ccsnh.edu	
You may also fax it to: (603) 543-18					
	Registrar's Offic	e Use Only			

Notes: