



PROVIDENCE COLLEGE
SCHOOL OF CONTINUING EDUCATION

One Cunningham Square, Providence, RI 02918-0001

Phone: 401-865-2487

Fax: 401-865-1723

SCE INTENT TO GRADUATE FORM

DEADLINES to submit Intent to Graduate form with fee payment: DECEMBER graduates - by OCTOBER 1 <> MAY graduates - by FEBRUARY 1

Student's name _____

Banner ID. no. _____

Street ☐ Check here if new address _____

City _____

State _____

Zip _____

Telephone: Cell _____

Home _____

Email address _____

DEGREE / MAJOR: Please indicate degree and major concentration:

■ **Associate of** (circle one) **Arts Science**

Associate Major Concentration (Ex.: Administrative Management, etc.) _____

■ **Bachelor of** (circle one) **Arts Science**

Bachelor Major Concentration (Ex.: Liberal Studies, etc.) _____

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

➤ Do you plan to attend Commencement exercises in May? ☐ Yes ☐ No ➤ Eta Lambda Honor Society member: ☐ 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.

➤ **Certificate Program(s):** Please indicate certificate program(s) in which you are enrolled:

DIPLOMA NAME: Line 1↓ below shows how your name appears in our records, and how it will appear on: • Commencement program
• Your diploma

1. _____

☐ Yes, I would like my name to appear as indicated on **Line 1↑**.

☐ No, I would like my name to appear as indicated on **Line 2↓**. (Note: This may require formal change of record.)

2. _____

> **Pronunciation of Name:** If you are concerned about the pronunciation of your name at Commencement, please spell it phonetically on **Line 3↓ below**: (Ex.: Cuenca Northanger = Koo - en - ka North - an - jer)

3. _____

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 - \$220.00

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

VISA or MASTERCARD Card No. _____

Exp. Date _____

Card ID code _____

STUDENT'S SIGNATURE _____

DATE _____

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

Mail to: Providence College, School of Continuing Education, One Cunningham Square, Providence, RI 02918-0001

[_____ SCE graduate]

[For office use only]