

## **Registrar's Office**

Cambridge College 500 Rutherford Avenue Boston, MA 02129 Phone: 617-873-0101 Fax: 617-242-0026 registrar@cambridgecollege.edu

## Intent to Graduate June 2024

Student ID#\_

Your Cambridge College Location

BostonPuertoLawrenceSoutherSpringfieldCC Glo

Puerto Rico Southern California CC Global Other

Form must be received by February 12, 2024

Students planning to complete their degree or certificate requirements in the Spring term must complete and submit this form to the Registrar's Office no later than the deadline above. The degree conferral date is June 2, 2024. You will not graduate if we do not receive this form.

The Bursar will apply a \$125.00 graduation/degree processing fee to students with a June anticipated graduation date. This is a one-time fee per conferral. Do not include payment with this form, as the Registrar's Office does not process payments.

| Last name  | First name  | Middle name  |
|--|---|--|
| Phone ()   | Academic Advisor  |  |
|  | Academic program  |  |
| Check one:<br>Associate  |   |  |
| Bachelor of Arts   | Career credits required   | Career credits earned  |
| Bachelor of Science  | Transfer credits (if applicable)  | Credits enrolled this term                                       |
| Certificate (other than CAGS)  | Will you begin a new Cambridge Colle  | ge degree program next term? Yes No                              |
| Master of Education<br>Master of Management<br>Master of Science<br>MBA<br>CAGS<br>Doctorate | Do you have any approved course wa  | ivers or substitutions? If so, please list course numbers below: |
|  | Name as you would like it to appear on your diploma or certificate.*  |  |
|  | *You must provide your legal name only as defined by Social Security. Your name will be printed on your diploma as you see it when you log in to MyCC, so if you need us to change your name in the College database, please show us legal documents proving the name change. Acceptable documents include marriage certificate, divorce decree, and change of name petition. |  |
|  | L   | After completing form submit it to:                              |
| Student signature<br>on paper printout or electronic*  |   | Registrar's Office<br>Cambridge College                          |

Date \_

\*Please see electronic signature options on the Registrar's web page.

500 Rutherford Avenue

Boston, MA 02129 Or email to: registrar@cambridgecollege.edu

Or fax to: 617-242-0026