

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 2020

Form must be received by February 14, 2020

Student ID#		
Your Cambridge College Location		
Boston	☐ Puerto Rico	
Lawrence	☐ Southern California	
☐ Springfield	☐ NEIB	
	☐ Other:	

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 7, 2020. You will not graduate if we do not receive this form.

	/degree processing fee to students with a June an he Registrar's Office does not process payments.	ticipated graduation date. This is a one-time fee per conferral.
Last name	First name	Middle name
Phone ()	Academic Advisor	
	Academic program	
Check one:	Major / Certificate Title	
☐ BA in Early Childhood Education & Care☐ BA in Multidisciplinary Studies	Career credits required	Career credits earned
BA in Psychology	Transfer credits (if applicable)	Credits enrolled this term
☐ BS in Criminal Justice ☐ BS in Finance	Will you begin a new Cambridge Co	illege degree program next term?
☐ BS in Health Care Management☐ BS in Human Services☐ BS in Human Services Management	Do you have any approved course v	vaivers or substitutions? If so, please list course numbers below:
BS in Management Studies	Degree :	seeking students only:
☐ BS in Managerial Accounting ☐ BS in Marketing & Sales ☐ BS in Natural & Applied Sciences		
BS in Wellness & Health Promotion	Name as you would	like it to appear on your diploma.*
Certificate (other than CAGS)	. , , , ,	ed by Social Security. Your name will be printed on your diplomaneed us to change your name in the College database, please
☐ Master of Education ☐ Master of Management	show us legal documents proving the name chan- decree, and change of name petition.	ge. Acceptable documents include marriage certificate, divorce
□ MBA □ CAGS	The Registrar's Office produces diplomas for com Certificate students should contact their academic	, ,
Doctorate		

Student signature on paper printout	
Date	

After completing form submit it to:



Or email to: registrar@cambridgecollege.edu Or fax to: 617.242.0026