

**Keene State College  
INTENT TO GRADUATE FORM**

**Instructions:** Complete one form for each degree. Save the completed form to your computer and e-mail the completed form as an attachment to the Registrar's Office at [bouellet@keene.edu](mailto:bouellet@keene.edu). You may submit a printed copy to the Registrar's Office if necessary.

1. Type your name exactly as it should appear on your diploma:

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(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)	(I.D. Number)
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2. Diploma Address: Diplomas are mailed after final semester grades are checked and graduation is verified. Provide the address where you want your diploma mailed.

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(STREET/PO BOX #)	CITY)	(STATE)	(ZIP)
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3. Graduation Ceremony: May of \_\_\_\_\_  
(Year)
4. Anticipated Completion Date: Choose the semester you expect to complete your requirements.

Spring Semester \_\_\_\_ Summer Session \_\_\_\_ Fall Semester \_\_\_\_ of \_\_\_\_\_  
(Year)

5. Degree: Choose one degree only. AA\_\_ AS\_\_ BA\_\_ BFA\_\_ BM\_\_ BS\_\_ MED\_\_ MS\_\_

Major: \_\_\_\_\_ Option or Specialization: \_\_\_\_\_  
Advisor(s): \_\_\_\_\_

Optional choices:

Second Major: \_\_\_\_\_ Option or Specialization: \_\_\_\_\_  
Minor(s): \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received: \_\_\_\_\_ Attended: \_\_\_\_\_

SGRD: \_\_\_\_\_ Diploma Ordered: \_\_\_\_\_ Mailed: \_\_\_\_\_ P/U: \_\_\_\_\_

Audit Date: \_\_\_\_\_ Crs: \_\_\_\_\_ GPA: \_\_\_\_\_ Crs Enr: \_\_\_\_\_ Hrs: \_\_\_\_\_ ST: \_\_\_\_\_

Final Audit: \_\_\_\_\_ Grad Hrs: \_\_\_\_\_ Award Date: \_\_\_\_\_

Final Honor Society: \_\_\_\_\_