

NOTICE OF INTENT TO GRADUATE

1. Please verify that you have met all requirements for your program of study before completing this application. Degree requirements can be found in the catalog, online at www.mchenry.edu/catalog, and in the Advising Transfer Center, Rm. A262.
2. A separate Intent to Graduate form must be completed for each degree and certificate for which you are a candidate.
3. Instructions for completing this form:
 - Complete EVERY ITEM or your graduation audit will be delayed and this form returned for completion.
 - A completed Intent to Graduate form must be returned to the Registration Office, Rm. A258, prior to the deadline. Deadlines are posted online at www.mchenry.edu/graduation.
4. **Print** your name exactly as you would like it to appear on your diploma:

First	Middle	Last
--------------	---------------	-------------

5. MCC ID Number: _____

6. Mailing Address: _____
Street /Apt. #
City
State
Zip

7. Home Phone: _____ Work/Cell Phone: _____

8. I will take my final courses for my degree the semester of: Fall 20____ Spring 20____ Summer20____

9. I intend to complete the following Program of Study: (check one only)

Associate in Arts (A.A.) Associate in Science (A.S.) Associate in Engineering Science (A.E.S.)

Associate in Fine Arts-Fine Art Emphasis (A.F.A.) Associate in Fine Arts-Music Emphasis (A.F.A.)

Associate in Applied Science (A.A.S.) _____
Program Title

Certificate of Completion _____
Program Title

Associate in General Education (This degree is not transferable)

10. **Signature is required or form will be returned:** Students are required by McHenry County College to complete an End of Program Assessment. You will receive information about the End of Program Assessment with your graduation audit. Your name may be included in the list of MCC graduates released to the press. Your signature indicates that you have read these statements.

Student Signature: _____ Date: _____

11. Submit this form with a \$20 **non-refundable fee** to the Registration Office, Rm. A258. (NAE 100 and FRS 150 students are excluded from this requirement).

For Office Use Only

Payment Received _____ Cashier's Initials _____ Date _____