



Intent to Graduate Form

A One Time \$50.00 Fee Must be Paid to Student Billing Before this Form Can be Processed

**Please Return This Form to Enrollment Services
No Later Than
November 15th**

Please print your full legal name **EXACTLY** as you wish it to appear on your Diploma and the Commencement Program:

Name:

Student ID # or SSN: _____

Address to which your diploma should be mailed: (This will become the address used by the College. Please keep updated.)

Street _____

City _____ **State** _____ **Zip** _____

Phone Number: Home _____ Cell _____

Expected Completion Date: (Check one)

December May Year: _____

Award expected to receive: (Check one)

_____ Certificate _____ Associate in Applied Science _____ Associate in Science _____ Associate in Arts

Major: _____

(You must be within three credits of program completion to participate in the ceremony)

Do you intend to participate in the Commencement Ceremony in May? Yes _____ No _____

If YES, cap and gowns are ordered through YCCC Bookstore no later than **MARCH 15th**.

Family Educational Rights and Privacy Act: Disclosure of Directory Information

Students who requested their Directory Information be excluded from publication waive this exclusion for the purposes of commencement activities. Commencement activities can include: printing name/photo in commencement pamphlet, newspapers, website or other public releases as well as announcing graduate's name at the ceremony. *Students not wishing their Directory Information be released for Commencement Activities should contact the Enrollment Services Department in writing, notation on this form" is not appropriate".*

I acknowledge that I have read and understand this document.

Student Signature

Date

Revised: 11-07-07