

Quinsigamond Community College
Registrar's Office
670 West Boylston Street
Worcester, MA. 01606
508-854-4257
registrar@qcc.mass.edu

Registrar's Office:
Completed: _____ Not Comp: _____
GPA: _____
Initials: _____
Date: _____ / _____

INTENT TO GRADUATE FORM

(Return to the Registrar's Office, room 152 Administration Building)

This form is necessary so that the Registrar's Office can review your academic history and verify that all curriculum requirements have been met, to certify your eligibility for graduation, and to order your diploma.

A minimum cumulative quality point average of 2.00 is required for graduation.

I will complete all Requirements in:
May 20__ December 20 __ August 20 __

Name - Print EXACTLY as it should appear on the Diploma:

First	Middle	Last
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Student ID: _____ OR Social Security Number: _____

Address: _____

Street

City	State	Zip
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Phone Number: () _____ () _____ () _____

Home Work Cell

Major in which you intend to graduate: _____

Check One: _____ Degree OR _____ Certificate

I understand that the Registrar's Office will respond to me via email to my QCC Qmail account.

Student Signature: _____ Date: _____

If you are currently taking or will be taking transfer course(s) elsewhere, please provide the following information:

School: _____

Course Number and Title: _____

Date course will end: _____

An official transcript from the institution must be sent to the Registrar at Quinsigamond Community College upon completion of the course.

If you are a candidate for two degrees/certificates please complete a separate form for each degree or certificate.