



COMMUNITY
COLLEGE
OF RHODE ISLAND

Office of Enrollment Services

400 East Avenue, Warwick, RI 02886-1807

Intent to Graduate

Please send form to graduation@ccri.edu

STUDENT INFORMATION

Please print clearly and make sure all information is correct

CCRI ID# _____

Name you would like to appear on your diploma:

First Name

Middle Name

Last Name

Address (Street, City, State, Zip Code)

Please check here if this a change of address

Email

Phone

DEGREE INFORMATION

Please indicate the **semester** and **year** you completed or intend to complete **all** degree requirements:

Fall _____

Spring _____

Summer _____

Degree:

Certificate

Associate

Major _____

Concentration _____

STATEMENTS OF UNDERSTANDING

Please review before signing

I understand I am responsible for meeting **all** requirements to graduate for the semester, degree, and major stated above

If I am unable to graduate in the semester requested, I understand that I must reapply for graduation once I complete the requirements

Do you plan to attend the Commencement Ceremony in May?*

Yes

No

Note: If you are a **Summer graduate** and wish to participate in the May Commencement Ceremony, please read the **Walk-Through Policy below**.

Signature

Date

Walk-Through Policy

All students who need no more than 2 classes, or up to 8 credit hours, to complete their degree requirements are eligible to participate in commencement. These applicants must complete the Intent to Graduate for the Summer term.

PLEASE NOTE: If you fail to complete your requirements by the end of the Summer term, you must submit a new Intent to Graduate the semester you complete your degree requirements.

***There is only one Commencement Ceremony per Academic Year**