

## Registrar's Office

1000 Massachusetts Avenue Cambridge, MA 02138 Phone: 617.873.0101 Fax: 617.349.3560 registrar@cambridgecollege.edu

## **Intent to Graduate** August 2017

Form must be received by June 26, 2017

Student ID#				
Your Cambridge College Location				
☐ Cambridge ☐ Lawrence ☐ Springfield	☐ Puerto Rico ☐ Southern California ☐ Other			

Students planning to complete their degree or certificate requirements in the Summer term must complete and submit this form to the Registrar's Office no later

Last name	First name	Middle name
Phone ()	Academic Advisor	
	Academic program	
Check one:	Major / Certificate Title	
☐ BA in Early Childhood Education & Care☐ BA in Multidisciplinary Studies	Career credits required	Career credits earned
BA in Psychology	Transfer credits (if applicable)	Credits enrolled this term
☐ BS in Health Care Management☐ BS in Human Services	Will you begin a new Cambridge Co	ollege degree program next term?
BS in Management Studies BS in Managerial Accounting	Do you have any approved course	waivers or substitutions? If so, please list course numbers below:
BS in Natural & Applied Sciences BS in Wellness & Health Promotion		
Certificate (other than CAGS)	Degree	seeking students only:
Master of Education		
Master of Management -		
MBA	Name as you would	I like it to appear on your diploma.*
		ed by Social Security. Your name will be printed on your diploma
s	, , , ,	need us to change your name in the College database, please nge. Acceptable documents include marriage certificate, divorce
	he Registrar's Office produces diplomas for cor certificate students should contact their academ	

Student signature			
on paper printout			
Date			

## After completing form submit it to:



Registrar's Office Cambridge College 1000 Massachusetts Avenue Cambridge, MA 02138

Or email to: registrar@cambridgecollege.edu Or fax to: 617.349.3560