Trinity College of Nursing and Health Sciences
INTENT TO GRADUATE FORM

This form must be completed the semester prior to your expected term of graduation. Please complete parts I – IV, sign, and return the **completed** form to the Student Services Office.

Part I - Expected term and year of completion (Check one)

_____ December 20 ___ (year)

_____ May 20 ___ (year)

_____ Summer 20 ___ (year)

Part II - Program of Completion (Check one)

_____ Radiography Associates of Applied Science

_____ Associate of Science in Nursing Degree

_____ Bachelor of Science in Nursing Degree

_____ Respiratory Care Associates of Applied Science

Part III – Commencement Attendance

_____ I **do** plan on participating in the Spring commencement services.

_____ I **do** plan on participating in the August commencement services (BSN only)

_____ I **do not** plan on participating in commencement services.

Part IV – General Information and Signature

Please print your name <u>legibly</u> in upper and lower case letter EXACTLY as you wish it to be printed in your diploma (i.e., John M. Smith, John Michael Smith, John Smith).

_____

Please print your hometown city and state as you wish to have it listed in the Commencement Program.

_____

City State

_____ _____

Signature Date