



COMMUNITY
COLLEGE
OF RHODE ISLAND

Office of Enrollment Services
400 East Avenue, Warwick, RI 02886-1807

Intent to Graduate

e-mail form to graduation@ccri.edu

CCRI ID #

Your name will appear on your diploma as it appears on this form and you will be processed for the degree stated below.

First Name Middle Name Last name
Full name as you would like it to appear on your diploma

Please print clearly and make sure all information is correct.

Address

Permanent Telephone

City, State, Zip

Alternate Telephone (Mobile)

Please check here if this is a change of address

DEGREE INFORMATION

Please indicate the semester and year you completed or intend to complete all degree requirements:
Fall 20 _____ Spring 20 _____ Summer 20 _____

Degree: CERTIFICATE ASSOCIATE

Major: _____

Dual Degree: _____
(if applicable)

1. I understand that I am responsible for meeting all requirements to graduate for the semester, degree, and major stated above.
2. If I am unable to graduate in the semester requested, I understand that I must reapply for graduation once I complete the requirements.

Student's Signature: _____ Date: _____