Farmingdale State College

631-420-2776

INTENT TO GRADUATE

Completing this Intent-to-Graduate Form will ensure that your transcript will be sent to your department for graduation review. It will also ensure that your name will appear in the commencement book. *Please ensure all transfer credits have been applied.*

Please return this completed form in person, fax or mail to: Farmingdale State College Registrar's Office, Laffin Hall- Room 225, Farmingdale, NY 11735-1021
Fax Number: 631-420-2275

Please provide us with the following information:

1. Graduation Term **Spring** **Summer** **Fall**

2. Are you enrolled this semester? **Yes** **No** (If answer is no, please note in Remarks)

3. Name of major you plan to graduate from**:** _____
(ex. Nursing)

4. Degree - Circle One: **Certificate** **AA** **AAS** **AS** **BTECH** **BS**

5. Print your name exactly as you wish it to appear on your diploma:
(Please print clearly.)

_____
(First Name) (Middle Name or Initial) (Last Name)

6. Current Mailing Address: (Only complete if address is different from the one on file)

_____
(Street Address)

_____
(City) (State) (Zip) (Phone)

7. _____ _____
(Signature) (ID Number)

Remarks

_____

_____

Note: Under the State University of New York Administrative Policies, your grades, transcripts and diplomas cannot be released if you have any outstanding obligations to the college.