



Ozarka College

INTENT TO GRADUATE To be completed at final registration prior to graduation

Print name as it should appear on diploma (First, Middle, Last)

Student ID Number

Mailing Address

City

State

Zip Code

Intended Date of Graduation

Degree/Certificate Completed:

- Associate of Arts
 Associate of Arts in Teaching
 Associate of Applied Science (Major) _____
 Technical Certificate (Major) _____
 Certificate of Proficiency _____

I **do not** intend to participate in graduation

I intend to participate in graduation (please complete the following)

Height w/shoes _____ Weight _____

Student's Signature

Date

Advisor's Signature (signifies student is on track to graduate)

Date

OFFICE USE ONLY

Department of Student Services:

Ozarka Hours/GPA

Transfer Hours

Graduation requirements completed

Signature/Initial (Vice President Student Services/Registrar)

Date