



(Please complete form in ink. Return form to the Registrar's Office by deadline listed below.)

Name: _____
(PRINT name *exactly* as you want it to appear on your diploma.)

Student ID#: A _____

Address: _____

Major: _____ **Degree:** ____ **Certificate:** ____

Anticipated Graduation Date:

- ____ December 2016 Intent to Graduate form due October 15, 2016
- ____ **May 2017** **Intent to Graduate form due December 1, 2016**
- ____ August 2017 Intent to Graduate form due December 1, 2016 if you are participating in the graduation ceremony; otherwise, form due June 1, 2017.

Will you be participating in the 10:00 a.m. graduation ceremony on May 13, 2017? (must check one) __Y __N
Are you a member of the Phi Theta Kappa Honor Society? (must check one) __Y __N
Are you in need of accommodations in order to participate in the ceremony? (must check one) __Y __N

Signature: _____ **Date:** _____

I understand that there is a non-refundable graduation fee of \$100.00 for degree candidates and \$50 for certificate candidates. I understand that this is a required fee and will be included in my semester bill. I also understand that this fee is required whether or not I participate in the graduation ceremony.

The fee covers only this academic year (fall, spring, summer). Degree or certificates earned in subsequent years are subject to another graduation fee.

NOTE TO DUAL MAJORS: If you are petitioning to graduate with more than one degree or certificate, please fill out a separate form for each one. You will be charged only one fee for dual majors (\$100 if one or both of the degrees is an associate degree) and \$50 if both are certificates).

Financial Obligation Statement: I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

Office Use Only

Major Verified: _____ - _____	
Fee Posted: _____ (Init/Date)	Fee Processed: _____ (Init/Date)
AP status: _____ (Init/Date)	AW status: _____ (Init/Date)