

Intent to Graduate

A89 verified _____
 Exit exam _____
 Honor society member _____
 Cum. GPA _____
DO NOT WRITE IN THIS SPACE

NOTE: Payment of fees does not guarantee graduation

SSN _____ Graduation Term _____ Phone (H) _____ Phone (W) _____

Name _____
 (Please print clearly your name as you wish it to appear on your diploma)

Street Address _____

City/State/Zip _____

I give Pellissippi State permission to request information from my present or future employer for the purpose of evaluating the College's academic programs.

Student Signature _____ Date _____

DEGREE APPLYING FOR
 To Be Completed by Student and Advisor—SEE INSTRUCTIONS

CAREER/TECHNICAL (Associate of Applied Science)

Major and Major Code _____ Catalog Year _____

Checklist: 681 GPA Earned Hours
 ETSU Transfer Residency

Placement Office Stamp _____

**UNIVERSITY PARALLEL/COLLEGE TRANSFER
 (Associate of Arts/Science)**
 (Non-articulation/General Degree)

_____ Associate of Arts Degree (GA99) _____ Catalog Year _____
 _____ Associate of Science Degree (GS99) _____

Checklist: A89 681 GPA Earned Hours
 Residency

**UNIVERSITY PARALLEL/COLLEGE TRANSFER
 (Associate of Arts/Science)**
 (Articulation Agreement)

_____ Articulation Major and Major Code _____

_____ Articulation Agreement Year (e.g., '97-98) _____

Checklist: A89 681 Articulation Agreement Sheet
 GPA Earned Hours 12-Hour Rule
 Residency

REGENTSONLINE

_____ Associate of Applied Science _____ Catalog Year _____
 Degree/Professional Studies
 _____ Associate of Arts Degree (RA01) _____
 _____ Associate of Science Degree (RS01) _____
 Residency

TRANSCRIPT EVALUATION
 To Be Completed by Advisor

Please circle No. 1 or No. 2, or complete No. 3 and sign.

- The student has completed all course requirements for graduation, or
- Upon satisfactory completion of the current schedule of courses, the student will complete course requirements for graduation, or
- In addition to the attached current schedule of courses, the following course deficiencies exist:

Any exception to Pellissippi State's graduation or residency requirements needs to be submitted along with the Intent to Graduate form (i.e., Course Waiver/Substitution Form, residency memo).

Upon completion of these deficiencies, the student will have completed course requirements for graduation.

Advisor _____ Date _____

TRANSCRIPT VERIFICATION
 To Be Completed by Department Head or Program Coordinator

Approved as submitted
 Not approved: Reason _____

Department Head/Program Coordinator _____ Date _____

To Be Completed by Manager of Records

Student has completed graduation requirements as follow

Circle one: A.A. A.S. A.A.S.

Major _____

Catalog/Agreement Year _____

GPA _____

Total Hours _____

Manager of Records _____ Date _____