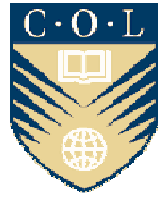




UNIVERSITY COLLEGE OF THE CARIBBEAN



INTENTION TO GRADUATE FORM

INSTRUCTION: This form must be completed and submitted to the Registrar's Office before November 30, 2010. Please print clearly your legal name as you would have it appear on your diploma. Names will be printed as they appear on your initial application unless you provide the Registrar's Office with official documentation supporting the name change.

PERSONAL INFORMATION

SURNAME: _____

CHRISTIAN: _____

MIDDLE NAME: _____

ID#: _____

PROGRAMM/DEGREE: M.Sc. B.Sc. A.Sc. Dip. Cert.

GROUP: _____

DEGREE AND/OR DIPLOMA REQUESTED (e.g.) Bachelor of Science Information Technology

(Please check the appropriate sections) **CEMBA/CEMPA** **B.Sc.** **A.Sc.** **Dip.** **Cert**

- | | | | |
|-------|---|-------|--------------------------------|
| ----- | Accounting & Financial Management | ----- | Information Technology |
| ---- | Business Administration | ---- | Management Information Systems |
| ----- | Computer Studies & Management | ----- | Marketing |
| ----- | Financial Securities Management | ----- | Production Management |
| ----- | Tourism & Hospitality Management | ----- | Supervisory Management |
| ----- | Human Resource Management | | |
| ----- | Commonwealth of Learning Executive Masters in Business Administration | | |
| ----- | Commonwealth of Learning Executive Masters in Public Administration | | |

PARTICIPATION IN GRADUATION:

I will attend the ceremony

Graduating in Absentia

Note: If you do not attend the ceremony, your diploma will be held for pick up from the Registrar's office, after four (4) weeks. After this period has expired, your diploma will be held in storage. A week's notice prior to pick is required to be given to the Registrar's Office. You will need to provide appropriate identification in order to collect your diploma. Please ensure that the address/email information given below is current.

If for any reason you do not qualify to graduate at the scheduled graduation exercise, you will be required to complete another **Intention to Graduate** form for a subsequent graduation time.

STUDENT CONTACT INFORMATION

Name: _____

Address: _____

Email: _____ Phone: _____

DECLARATION:

I hereby certify that the above information is accurate. I understand that the degree/diploma/certificate is confirmed only after approval has been issued by the relevant officials.

(Signature)

Date