Office of the Registrar - Division of Student Affairs

Intent to Graduate Form

NAME (PLEASE PRINT CLEARLY)  
CUNYfirst EMPL ID#

Last Name: ____________________ First Name: ____________________

ADDRESS  
APT. No.  
Date of Birth

CITY  STATE  Zip Code  TELEPHONE  TERM (Indicate Year Below)

(____) _______-(____) _______  
Fall ☐  Spring ☐  Year: ______

Have you applied for graduation before?  Yes ☐  No ☐

Are you registered for Session II?  Yes ☐  No ☐

Note: If you plan on graduating either at the end of Session I or Session II, you must register for intent to graduate during Session I.

Total number of credits completed: _____________

Current Major: ______________________________________________________

Is your GPA below 2.00  Yes ☐  No ☐

Sign and drop off this form in the Registrar’s Office (room C-107)

Student's Signature: ________________________________  Date: _____/_____/_____

Signature from Pick-up: ________________________________  Date: _____/_____/_____

Processed by: ___________________________  Date: _____/_____/_____