

**URI Feinstein Providence Campus
80 Washington Street/Room 245
Providence, RI 02903**

DECLARATION OF INTENT TO GRADUATE (PLEASE PRINT)

Student ID# _____ Date _____

Do you have a FERPA Restriction (Family Educational Rights and Privacy Act) on your records? If this restriction appears on your student record, please note that your name will not be released for any graduation lists or publications.

FERPA Restriction? Yes _____ No _____

Last Name	First Name	Middle
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I intend to complete my course work for the following degree and major, and to graduate in

Year _____ May _____ August _____ December _____

Degree

_____ Bachelor of Arts

Major: _____ Minor: _____

_____ Bachelor of General Studies

Major: _____ Minor: _____

_____ Bachelor of Science (HDF only)

Subplan: _____ Minor: _____

Address: _____

Phone: Business _____ Home _____

email: _____

Student Signature: _____

Mail to:
ASF College of Continuing Education, 80 Washington Street/Room 245, Providence, RI 02903