INTENT TO GRADUATE
ARKANSAS STATE UNIVERSITY MOUNTAIN HOME
Degree/Technical Certificate Application

NOTE: Print ALL information.

Name: _____ Student ID #: _____
(Exactly as name is to appear on diploma)

Address: _____ City, State & Zip: _____

E-mail address: _____ Telephone number: _____

This is a new: ☐ address ☐ telephone number ☐ E-mail address

State and Federal Report Requirements:

Gender: ☐ Male ☐ Female

Citizenship: ☐ US Citizen/Resident ☐ Non-Resident Alien

Are you Hispanic? ☐ Yes ☐ No

All Students select one or more race categories:

☐ White ☐ American Indian or Alaskan Native
☐ Black ☐ Native Hawaiian or Pacific Islander
☐ Asian ☐ Non-Resident Alien

Anticipated completion date: _____ Advisor: _____

Associate Degree:

- ☐ **Associate of Arts**
- ☐ **Associate of Arts in Teaching**
  - ☐ **Early Childhood Education** (Preschool – Grade 4)
    ☐ Met 2.65 GPA
    (Registrar's Use Only)
  - ☐ **Middle School Language Arts/ Social Studies**
    ☐ Met 2.65 GPA
    (Registrar's Use Only)
  - ☐ **Middle School Math/Science**
    ☐ Met 2.65 GPA
    (Registrar's Use Only)

Associate of Applied Science in:

- ☐ **Criminal Justice**
  - ☐ Police Science
  - ☐ Forensics
- ☐ **Funeral Science**
  National Board Exam:
  - ☐ Projected Date of Exam _____
  - ☐ Do NOT plan to take Exam
- ☐ **Information Systems Technology**
  - ☐ Computer Graphics
  - ☐ Networking Specialist
- ☐ **Management**
  - ☐ Business Development
  - ☐ Office
- ☐ **Paramedic Technology**
- ☐ **Respiratory Care**
  ☐ Met 2.5 GPA
  (Registrar's Use Only)

Technical Certificate in:

- ☐ **General Business**
- ☐ **Information Systems Technology**
- ☐ **Health Professions**
  - ☐ Emphasis I: Nursing
  - ☐ Emphasis 2: Respiratory Care or Medical Laboratory Technician
  - ☐ Emphasis 3: Radiologic, Surgery, Technician, or other possible health Professions
  - ☐ Emphasis 4: Professional Medical Coder
  - ☐ Emphasis 5: Paramedic Technology
- ☐ **Paramedic Technology**
- ☐ **Practical Nursing (LPN) Day**
- ☐ **Practical Nursing (LPN) Evening/Saturday**
- ☐ **Welding**

Do you plan to participate in the graduation exercise? ☐ YES ☐ NO
Cap and Gown Information: Height: _____ Weight: _____
There is no additional charge for graduation.
List any clubs/organizations in which you have been active: _____

Student signature: _____ **Date:** _____

Registrar: _____ Date: _____
☐ Approved
☐ Conditionally approved pending successful completion of the following: _____

_____

_____

_____

Vice Chancellor: _____ Date: _____