

Intent to Graduate Form

Please return this form to YCCC Records & Registration Email: records@yccc.edu Mail: 112 College Drive, Wells, ME 04090

Please print your full name EXACTLY a Program:	as you wish it to appear on y	our Diploma and th	e Commencement
Name:			
Address to use for communication from	m the college. *Your diploma	will be mailed here	:
Street			
City	State	Zip	
We will email/text further information make sure you provide ones you will c participate in the ceremony the follow if you are no longer taking YCCC classe information on this form, or have ques	heck. Also, if you graduate in ing spring, you will want to s, as that account will be dis	n August or Decembe use an email other th abled. If you need to	er, but want to han your YCCC account
Phone Number:	Email Address:		
Expected Completion Date: (Check of December May			
Major <u>:</u>			
Do you intend to participate in the C If YES, make sure you check your emai			No
Cap & Gown Info Needed Height: Weight: Gender:			

Family Educational Rights and Privacy Act: Disclosure of Directory Information

Students who requested their Directory Information be excluded from publication waive this exclusion for the purposes of commencement activities. Commencement activities can include: printing name/photo in commencement pamphlet, newspapers, website or other public releases as well as announcing graduate's name at the ceremony. *Students not wishing their Directory Information be released for Commencement Activities should contact the Enrollment Services Department in writing, notation on this form" is not appropriate".*