

Intent to Graduate Form

Please return this form to YCCC Records & Registration Email: enrollmentservices@yccc.edu
Fax: (207) 641-0837

Mail: 112 College Drive, Wells, ME 04090

Please print your full name EXACTLY as y Program:	you wish it to appear o	n your Diploma and the Co	ommencement
Name:			
Address to use for communication from t	the college. *Your diplo	ma will be mailed here:	
Street			
City	State	Zip	
We will email/text further information at make sure you provide ones you will checoparticipate in the ceremony the following if you are no longer taking YCCC classes, a information on this form, or have question	ck. Also, if you graduate g spring, you will want as that account will be	e in August or December, l to use an email other than disabled. If you need to up	but want to your YCCC account
Phone Number:	Email Address:		
Expected Completion Date: (Check one December May S			
Major:			
Do you intend to participate in the Con If YES, make sure you check your email in			No
Cap & Gown Info Needed Height: Weight: Gender:			
Would you like to receive information	about the YCCC Alum	ni Association? Yes	No

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".