

College of Pharmacy Intent to Graduate

Date: _____ Student ID Number: _____

Name: _____

Email: _____

Local Address: _____

Local Telephone: _____

Home Address: _____

Expected Graduation Date: May/August/December _____
(circle Month) Year

Degree Expected: Pharm.D. ___ BSPS ___ Certificate Program _____

Minor Information

Have you completed a minor(s) while here at URI? Y/N

If yes, please indicate the minor(s) _____

Deadlines for Graduation <u>December 1</u> for May and August <u>October 1</u> for December

NOTE: All Intents must be returned to the Assistant Dean's Office (125 Avedisian Hall) accompanied by your curriculum sheet filled out. It is your responsibility to ensure that you have no restrictions or holds before you graduate. You need to do this in order to receive your diploma and to be published in all graduation materials.