



**SAINT MICHAEL'S**  
**COLLEGE** FOUNDED  
1904

**Graduate Education Department**

**INTENT TO COMPLETE CERTIFICATE OF ADVANCED  
 GRADUATE STUDIES (C.A.G.S.)**

*TO THE STUDENT: Please complete this form at the BEGINNING of the semester in which you anticipate completing all certificate requirements and give it to your Academic Advisor. After you have successfully completed the Leadership Practicum, Saint Michael's College will mail you a certificate of completion.*

**STUDENT NAME:** \_\_\_\_\_  
 (Print your name as you wish it to appear on your certificate.)

**ADDRESS: (for mailing certificate)** \_\_\_\_\_

**TEL:** \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)

**Student ID Number:** \_\_\_\_\_

**CAGS Concentration:** \_\_\_\_\_

<b>REGISTRAR, to the best of my knowledge, this student will soon have completed all certificate requirements (30 credits).</b>	
<b>Student's Signature:</b> _____	<b>Date:</b> _____
<b>Advisor's Signature:</b> _____	<b>Date:</b> _____