



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 your advisor has signed it, 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: _____

REGISTRAR, to the best of my knowledge, this student will soon have completed all certificate requirements (30 credits).

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____