



**MASTER OF PHYSICIAN ASSISTANT PRACTICE
VERIFICATION OF INTENT TO GRADUATE**

To the Candidate:

If a candidate is graduating with a bachelor's degree in the same academic year as entering the Ohio University Physician Assistant Program, the candidate must provide evidence supporting his/her intent to graduate. The candidate must complete the top portion of the form, and present the form to his/her Institutional Representative. When you have collected the completed form please upload it to CASPA.

Candidate's Name:		Candidate's PID#: (if previous Ohio University student)	
Candidate's Address:		Candidate's Email:	
Candidate's Phone:		Date of Graduation:	
Projected Degree:		Major:	
Institution:		Institution address:	
<p><i>By signing I verify that I intend to complete all baccalaureate degree requirements prior to beginning the Ohio University Physician Assistant Program (OUPA). If I am unable to fulfill the requirements to graduate, it is my responsibility to inform the OUPA program immediately, which will most likely result in forfeiture of my admission offer and any enrollment deposit.</i></p>			
_____		_____	
Candidate's Signature		Date	

To the Institutional Representative (e.g., academic advisor, program chair, or program director):

Please complete all requested information listed in the table. Upon completion, please place the form in a sealed envelope. Place your signature across the seal and return the envelope to the candidate.

Name of Institutional Representative:		Position / Title:	
Institution:		Department:	
Email:		Phone Number:	
<p><i>By signing I acknowledge and verify that the information regarding the candidate named above is an accurate projection of his/her baccalaureate degree completion.</i></p>			
_____		_____	
Institutional Representative's Signature		Date	