

Ashland University
Registrar's Office
401 College Ave
Ashland, OH 44805



Phone: 419-289-5666
Fax: 419-289-5939
Email: regis@ashland.edu

Four Year Guarantee Intent Form
Please complete all areas.

Name: _____ Student ID: _____

_____ Anticipated Degree _____ Planned date of graduation

Declare Major(s): _____ Declare Minor: _____

_____ Current Advisor (Please Print) _____ New Advisor (Please Print)

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Some programs, due to course requirements, are not eligible for the Four Year guarantee.

****This is an intent form only, to apply for a four year guarantee program you must complete the Four Year Guarantee Declaration form found in the Registrar's office or website.***