Intent to Graduate Form

This form will be accepted through Dec. 31, 2026.

This form is required for candidates applying for the General Chairside Assisting (GC) exam through Pathway I who plan to graduate from a CODA-accredited dental assisting program within 90 days from the date on this form.

This form must be completed by the Program Director. The candidate can submit the completed form with their exam application, or the Program Director can email the form to docreview@danb.org, if submitting for multiple candidates.

Name of School _____

School Address _____

School Code (find your code here) _____

Anticipated Graduation Date _____

The following students of the CODA-accredited program listed above are applying for a DANB exam under Pathway I as Intent to Graduate students. The students listed below are all in good standing and expected to graduate on the date listed below. The school will contact DANB immediately at docreview@danb.org if any of the students do not graduate.

Student Name	Student Email Address

Attestation: By signing and dating below, I confirm that I will contact DANB immediately if any of the students on the above list do not graduate.

Today's Date _____

Signature _____

Program Director Name _____

Program Director Title _____

Email Address _____

Phone Number _____