DANB
Dental Assisting National Board

Intent to Graduate Letter

This letter is acceptable Pathway I eligibility documentation for candidates applying to take the General Chairside Assisting (GC) exam who are graduating from their CODA-accredited dental assisting program within 90 days from the date on this form. The form must be completed and signed by the Program Director.

Today's Date: _____

Name of School: _____
CODA-Accepted Program: _____
School Code: _____
Anticipated Graduation Date: _____

The following students of the above listed CODA-accredited program are applying for a DANB exam under Pathway I as Intent to Graduate students. The students listed below are all in good standing and are expected to graduate on the date listed above. Both I and my students understand that to have the results of this exam released, and any related certifications issued, proof of graduation must be received within 90 days of their exam dates.

Student Name	Student Email Address and/or Phone Number

Program Director Name: _____
Address: _____
Email Address: _____
Phone Number: _____
Signature: _____
Date: _____

This letter can be submitted with the candidates' exam applications or can be emailed to docreview@danb.org.