

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE REGISTRAR BY THE DEADLINE LISTED IN THE CURRENT CATALOG FOR THE STUDENT'S DESIRED GRADUATION.

PLEASE TYPE OR PRINT CLEARLY

Name: _____ Student Id. No. _____
 Last Name First Name Middle Initial

Mailing Address: _____ Phone: (day) _____
 Street City/State Zip

Email Address: _____ Cell Phone/Pager: _____

DEGREE: _____ MAJOR: _____ MINOR: _____ CONCENTRATION: _____
See reverse for codes and instructions

NUMBER OF SEMESTER HOURS COMPLETED TO DATE: _____

SCHEDULE OF REQUIREMENTS TO BE COMPLETED BEFORE GRADUATION

Current Semester Below:				Future Semesters Below:			
Dept. & Course No.	Course Title	Sem. Hrs.	Term	Dept. & Course No.	Course Title	Sem. Hrs.	Term

OTHER REQUIREMENTS: _____

STUDENT SIGNATURE: _____ DATE: _____

REMAINING REQUIREMENTS ARE NOT FINAL UNTIL APPROVED BY THE REGISTRAR

DO NOT WRITE BELOW THIS LINE

Grade Point Ratio: Major: _____ Cumulative: _____ Credits Earned: _____ Resident Credits: _____

Student is cleared for: May _____ December _____ Graduation

PROGRAM ADVISOR NAME (please print clearly) _____ ADVISOR SIGNATURE _____ DATE _____

REGISTRAR'S OFFICE REPRESENTATIVE NAME _____ SIGNATURE _____ DATE _____

Distribution: Copy to Student, Advisor, Registrar

