

GRADUATION CONTRACT – Baccalaureate Degree After completing this form and obtaining the appropriate signatures, return it to the Records & Advisement Office

Adviser:_____ Date:____ Asst. Dir. of Records:_____

Date:__

PERSONAL INFORMATION – Please print clearly		ACADEMIC INFORMATION – For Student and Adviser Student: By checking these boxes, I acknowledge that I am responsible for meeting ALL				
Name I.D. #		graduation requirements as state	ed in the university catalog.	1	C	
Local Phone # Cell Phone		Adviser: By checking these boxes, I confirm that the student has completed the following graduation requirements.				
E-Mail Address Major(s) 1	appear on licable). Suffix	for two degrees Three writing courses Three Service Level 1, Ty (not required for catalog) Major upper division hou Minor upper division hou Cumulative and Southern school/dept. for major Gl ETS Proficiency Profile (Major field achievement of the course of the	years prior to 2011-2012) rs (BS: 18, BA: 14); rs: 6 GPA of 2.0 (refer to PA) Senior Exit Exam - required) rest (if required)		Adviser Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	
		Certification Officer's Signature	, ,	,	;	
SENIOR CLASS SCHEDULE – Are you taking any classes of	ff campus?	* • Yes • No If yes, which	ch semester(s)? Fall W	inter 🗖 Sur	mmer	
Course # & Title Fall Sem./Year Credits Course # & Title	e Winter	Sem./Year Credits	Course # & Title Summer Sess	ion/Year	Credits	
				Total I	Hours	
			*Home Study/Off-Campus Cour	rse Title Co	ollege/University	
Total Hours		Total Hours	Total Hours			
By signing this contract, all parties confirm the information is correct Director of Records & Advisement, and will require submission of a			ges must be approved by the A	Adviser AND	the Asst.	