



# GRADUATION CONTRACT – Associate Degree

After completing this form and obtaining the appropriate signatures, return it to the Records & Advisement Office

PERSONAL INFORMATION – Please print clearly	ACADEMIC INFORMATION – For Student and Adviser															
Name _____ I.D. # _____ Local Phone # _____ Cell Phone _____ E-Mail Address _____ Major(s) 1. _____ 2. _____ Minor(s) 1. _____ 2. _____ Degree(s) _____ Catalog Year _____ <b>YOUR DIPLOMA NAME:</b> Print your name exactly as you want it to appear on your diploma. Use upper and lower case letters and accent marks (if applicable). _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> <span>Suffix</span> </div> I plan to graduate in: <input type="checkbox"/> December _____ <input type="checkbox"/> May _____ I will be present at the graduation ceremony:* <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If you will be present at the ceremony, you must order regalia at <a href="http://www.cbgrad.com">www.cbgrad.com</a></i>	<p><b>Student:</b> By checking these boxes, I acknowledge that I am responsible for meeting ALL graduation requirements as stated in the university catalog.  <b>Adviser:</b> By checking these boxes, I confirm that the student has completed the following graduation requirements.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Requirements</th> <th style="text-align: center;">Student</th> <th style="text-align: center;">Adviser</th> </tr> </thead> <tbody> <tr> <td>• A minimum of 64 hours; Nursing majors need 69 hours and Physical Therapy majors need 92 hours</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td>• A cumulative &amp; Southern GPA of 2.00; Refer to school or department for major GPA</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td>• Completion of a major; general education and electives to satisfy the total credit requirements.</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td>• One Service Level 1 and one Service Level 2 or 3 <i>(not required for catalog years prior to 2011-2012)</i></td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> </tbody> </table>	Requirements	Student	Adviser	• A minimum of 64 hours; Nursing majors need 69 hours and Physical Therapy majors need 92 hours	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	• A cumulative & Southern GPA of 2.00; Refer to school or department for major GPA	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	• Completion of a major; general education and electives to satisfy the total credit requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	• One Service Level 1 and one Service Level 2 or 3 <i>(not required for catalog years prior to 2011-2012)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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SENIOR CLASS SCHEDULE – Are you taking any classes off campus?*				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which semester(s)?		<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	
Course # & Title	Fall Sem./Year _____	Credits	Course # & Title	Winter Sem./Year _____	Credits	Course # & Title	Summer Session/Year _____	Credits	
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**By signing this contract, all parties confirm the information is correct to the best of their knowledge. Any changes must be approved by the Adviser AND the Asst. Director of Records & Advisement, and will require submission of a new contract.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Adviser: \_\_\_\_\_ Date: \_\_\_\_\_ Asst. Dir. of Records: \_\_\_\_\_ Date: \_\_\_\_\_