

Student:_____ Date:____ Adviser:____

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

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

PERSONAL INFORMATI	ON – Pleas	e print clearly	ACADEMIC INFORMATION – For Student and Adviser			
Name	I.D. #		Student: By checking these boxes, I acknowledge that I am responsible for meeting ALL graduation requirements as stated in the university catalog.			
Local Phone #			Adviser: By checking these boxes, I confirm that the student has completed the following graduation requirements.			
E-Mail Address Major(s) 1			 Requirements 40 upper division hours 124 hours total (or more, depending on major) Three writing courses Three Service Level 1 & 2, Two Service Level 2 or 3 (not required for catalog years prior to 2011-2012) Major upper division hours (BS: 18, BA: 14); Minor upper division hours: 6 Cumulative and Southern GPA of 2.0 (refer to school/dept. for major GPA) ETS Proficiency Profile (Senior Exit Exam - required) Major field achievement test (if required) Certification (if applicable) – To be completed by Certification 			Adviser Yes Yes Yes Yes Yes Yes Yes
			☐ SDA ☐ State Certification ☐ None (no signature required Certification Officer's Signature		· '	
SENIOR CLASS SCHEDULE – A	Are you takin	g any classes off campus?				
Course # & Title Fall Sem./Year	Credits	Course # & Title Winter Sem./Year Credits		Course # & Title Summer Sess	ion/Year	Credits
				Total I	Hours	
				*Home Study/Off-Campus Cour	se Title Co	ollege/University
Total Hours			Total Hours		Total Hours	
By signing this contract, all parties confi				ges must be approved by the A	Adviser AND	the Asst.