

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

<b>PERSONAL INFORMATION – Please print clearly</b>	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 stated in the university catalog. Adviser: By checking these boxes, I confirm that the student has completed the following graduation requirements.			
Local Phone # Cell Phone				
E-Mail Address	Requirements	Student	Adviser	
Major(s) 12	• 40 upper division hours	<b>Y</b> es	<b>Y</b> es	
1viajon(3) 1222	• 124 hours total (or more, depending on major)	<b>V</b> es	<b>Y</b> es	
Minor(s) 1 2	• Three writing courses	<b>Y</b> es	<b>Y</b> es	
Degree(s)Catalog Year	• Three Service Level 1 & 2, Two Service Level 2 or 3 ( <i>not required for catalog years prior to 2011-2012</i> )	<b>Y</b> es	<b>Y</b> es	
<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).	<ul> <li>Major upper division hours (BS: 18, BA: 14); Minor upper division hours: 6</li> </ul>	<b>Y</b> es	<b>Y</b> es	
First Middle Last Suffix	• Cumulative and Southern GPA of 2.0 ( <i>refer to school/dept. for major GPA</i> )	<b>Y</b> es	<b>Y</b> es	
	• ETS Proficiency Profile (Senior Exit Exam - <i>required</i> )	<b>Y</b> es	<b>Y</b> es	
I plan to graduate in (please check the box & indicate the year): December December	• Major field achievement test ( <i>if required</i> )	<b>Y</b> es	<b>Y</b> es	
I will be present at the graduation ceremony:*  Yes  No Certification (if applicable) – To be completed by Certification Officer				
*If you will be present at the ceremony, you must order regalia at <u>www.cbgrad.com</u> SDA State Certification None (no signature required)				
	Certification Officer's Signature		Date	
SENIOR CLASS SCHEDULE – Are you taking any classes off campus?* 🛛 Yes 🖓 No If yes, which semester(s)? 🖓 Fall 🖓 Winter 🎝 Summer				
Course # & Title     Fall Sem./Year     Credits     Course # & Title     Winter	Sem./Year Credits Course # & Title Summer Session	on/Year	Credits	

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.

Total Hours

 Student:
 Date:
 Date:
 Date:
 Date:
 Date:

**Total Hours** 

College/University

Total Hours

Total Hours

\*Home Study/Off-Campus Course Title