GRADUATION AUDIT FORM (UNDERGRADUATE)

Graduation Year: __________ Graduation Term: [ ] Fall [ ] Spring [ ] Summer

Student Name: _________________________ Student ID Number:_________________

Degree: BA [ ] BS [ ] Major: ___________________ Minor:________________

Please review and record the status of the prospective graduate regarding:

Major Requirements Met:
Yes: [ ] No: [ ]

FLC/ Gen Ed Requirements Met:
Yes: [ ] No: [ ]

Elective Component Met:
Yes: [ ] No: [ ]

Comprehensive Exam (if applicable):
Yes: [ ] No: [ ]

GPA: ________ Latin Honors (if applicable:) __________________

Based on the above criteria and successful completion of current course load, I certify that the student has met graduation requirements.

Advisor Signature: _______________________ Date: _________________

Based on the above criteria, I certify that the student has NOT met graduation requirements.

Advisor Signature: _______________________ Date: __________________

If the student cannot be certified for graduation, please list any requirements not met:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Student Signature: _______________________ Date: _______________________

OES Confirmation: _______________________ Date: _____________________

ES Use Only: Date Received: __________ Entered by: ______________ Date:______________