



Enrollment Services
Trinity (Washington) University
Main 154- 202.884.9530

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: _____