



Office of the Enrollment Services
Trinity (Washington) University
Main 154- 202.884.9200

SPS GRADUATE PROGRAMS GRADUATION AUDIT FORM

Graduation Year: _____ Graduation Term: Fall Spring Summer

Student Name: _____ Student ID Number: _____

Degree: _____ Concentration: _____

GPA: _____

Based on the above criteria, 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 or additional comments as necessary:

ES Confirmation: _____ Date: _____

ES Use Only: Date Received: _____ Entered by : _____ Date: _____