

SPS UNDERGRADUATE - GRADUATION AUDIT FORM

Name:

PCID #:

Degree:

Major:

Minor:

Contact Information

Cum. GPA:

Home:

Expected Graduation Date:

Office:

Cum Credits as of the end of the Fall term		
	College	Credits
Total Semester Credits		
Outstanding Requirements:		
Total Outstanding Credits		
Total Credits for Graduation		
Senior Comprehensive Exam: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Follow up Activities	By Whom	Deadline

Notes:

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: _____

Enrollment Services Signature: _____ Date: _____