

GRADUATION CONTRACT

ID# _____ Name _____

(Print clearly. Exactly as you want it on diploma.)

Degree _____ Major(s) _____ Minor(s) _____

Bulletin Year _____ Expected Graduation Date: **Aug Dec May** Year _____

**INSTRUCTIONS: LIST ALL COURSES THAT WILL BE TAKEN IN THE RESPECTIVE TERMS.
SPECIFY IF COURSE WILL BE TAKEN OFF CAMPUS OR BY CLEP EXAM.**

SUMMER, 20_____ CUM Hrs _____

Course No.	Course Title	Hours	Grade

Completed by Records Office Total hrs this semester _____ CUM Hrs _____

FALL SEMESTER, 20_____

Course No.	Course Title	Hours	Grade

Completed by Records Office Total hrs this semester _____ CUM Hrs _____

SPRING SEMESTER, 20_____

Course No.	Course Title	Hours	Grade

Completed by Records Office Total hrs this semester _____ CUM Hrs _____

I believe this Graduation Contract reflects the graduation requirements listed in the **Academic Bulletin**. See the Bulletin for complete information regarding graduation.

Candidate's Signature _____

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Advisor Signature

Approved/Denied for graduation _____

Approval/Denial subject to: _____

GRADUATION REQUIREMENTS

Completed by Records Office

- Total Hrs. 128/120**
- Upper Div. Hrs. 40**
- 32/38 Hrs. in Residence**
- Cum GPA 2.00 - Vary**
- Major GPA 2.25**
- Major Comprehensive Exam**
- College Base GE Exam**

Asst. Dir. of Records _____ Date _____