

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 _____

Advisor Signature

Approved/Denied for graduation _____

Approval/Denial subject to: _____

GRADUATION REQUIREMENTS

Completed by Records Office

- Total Hrs. 120**
- Upper Div. Hrs. 36**
- 32/36 Hrs. in Residence**
- Cum GPA 2.00**
- Major GPA 2.25**
- Senior Portfolio**

Asst. Dir. of Records Signature _____ Date _____