To be completed by student: (Please print clearly.)

Name: ___________________________________________ Student ID# - ______________________

**Undergraduate Degree:**
- Diploma, Practical Nursing
- BS, Biology, Forensic Science
- BS, Biology, General Biology
- AS, Arts & Sciences, Biology
- BS, Biology, Pre-Professional Human Medicine
- AS, Arts & Sciences, Chemistry
- BS, Clinical Laboratory Sciences
- AS, Arts & Sciences, Liberal Arts
- BS, Health Sciences, Biology
- AS, Nursing
- BS, Health Sciences, Psychology
- AS, Physical Therapist Assisting
- BS, Health Service Administration, Clinical
- AS, Radiologic Technology
- BS, Health Service Administration, Non-Clinical
- AS, Respiratory Therapy
- BS, Nursing (RN-BSN)
- AS, Surgical Technology
- BS, Nursing (Traditional)

**Minors: (Require Baccalaureate Program)**
- BA, Liberal Studies, English
- Minor, Chemistry
- BA, Liberal Studies, Psychology
- Minor, English
- BA, Liberal Studies, Religious Studies
- Minor, Psychology
- BA, Liberal Studies, Social Sciences
- BA, Liberal Studies, Social Sciences

**Graduate Degree:**
- MS, Nurse Anesthesia
- MS, Nursing (Nurse Educator Track)
- MS, Nursing (Nurse Administrator Track)
- MS, MHA (Health Administration)
- MMS, Physician Assistant

☐ I request a review of my academic record and verification that I am able to proceed to my last semester of my degree program and become a candidate for graduation.

☐ I have read and understand the “General Requirements for Graduation” listed in the current college catalog.

☐ I understand that I will be assessed a $50 graduation fee during my last semester of my degree/certificate program. I understand that, when notified, I must pay this fee in order to be considered a candidate for graduation and to receive my cap and gown, grades, diploma and official transcript.

☐ I understand I must submit a final official transcript if I am enrolled in a course(s) at another institution.

**Anticipated Date of Graduation:**
Month ___________________________ Year ____________

Signature: __________________________________ Date: __________________

Note: Dual degree candidates must turn in a SEPARATE form for each degree — signed by an advisor for each program.

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**To be completed by Academic Advisor:** Please review unofficial transcript with student and forward this form (plus any supporting documents) to the Registrar’s Office.

☐ I have reviewed the progression of the student named above and verify that the student is eligible to proceed to the last semester of the degree program and become a candidate for graduation.

☐ IS ELIGIBLE  ☐ IS NOT ELIGIBLE

☐ I have attached a copy of a preliminary audit and supporting documents (e.g. course substitutions, waivers, etc.)

Signature: __________________________________ Date: __________________

Comments:________________________________________________________________________________
_________________________________________________________________________________________