

Graduation Final Certification

This certifies that, _____, pending completion of
Name, V #
current semester courses listed below; has completed required earned hours for program
(**minimum hours 120**), has a cumulative grade point average of _____, has met all
requirements for graduation.

Degree Information

College: _____

Degree: _____

Major: _____

Concentration: _____

Minor: _____

Fall **20**__

Spring **20**__

Summer **20**__

| Course Code | Credit Hours | Final Grade |
|--------------------|---------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List any other outstanding requirements to graduate:

Residency Requirements (Mandatory)

Transfer Student Residency (60 credit hours) YES NO

Non-transfer Student Residency (Last 27 credit hours) YES NO

Advisor Signature

Date

Chairperson of Department Signature

Date

Dean of the College*

Date

*By signing above, I certify that I have reviewed these documents; that the information presented is accurate to the best of my knowledge; and that this form and adjoining documents are ready to be processed for final certification. *The Dean must sign this form. If the Dean is not available the Vice Provost for Academic Affairs may sign.*