

Graduate Level Graduation Checkout

Student ID: _____ **Student Name:** _____

___ Admission Status Regular _____ Catalog year

Program Hours

For Catalog years 2016 and Newer

_____ Total hours for Program

Does Degree Works show complete

_____ Total hours Completed

pending enrolled classes ___Yes ___No

_____ Total hours Enrolled

If no, are petitions submitted? ___Yes ___No

If no why?

All students in catalogs prior to 2016 must have a degree plan attached.

_____ Degree Plan attached

_____ Program and Concentration (if required) code(s) are correct

<u>Form</u>	<u>✓ if Required</u>	<u>✓ if Submitted</u>	<u>Comment</u>
Comps	___	___	_____
Oral	___	___	_____
Thesis	___	___	_____
Dissertation	___	___	_____
Portfolio	___	___	_____
Project	___	___	_____
Praxis	___	___ Passed	___ Official Waiver Submitted

Additional Requirements and status: _____

Issues

Comment

I or IP _____

Additional Comments: (Use this area for any comment information from above that needs extra space or any additional comments that may help with graduate checkout review)