

Associate Degree, Technical Certificate, and Certificate of Proficiency

Graduation Application and Degree Audit



IDN @ _____ NAME _____
First Middle Last

LIONS LINK E-MAIL ADDRESS _____

NAME AS DESIRED ON DIPLOMA _____
First Middle Last

DO YOU PLAN TO PARTICIPATE IN THE COMMENCEMENT CEREMONY? YES NO
 (Only students earning an associate degree or technical certificate are eligible to participate in the ceremony.)

SEMESTER OF GRADUATION FALL SPRING SUMMER I SUMMER II YEAR _____

APPLICATION DEADLINES: SPRING/SUMMER I: December 15 SUMMER II/FALL: August 1

A copy of the Online Degree Evaluation/CAPP should be attached to this application. Attach a degree plan for students on 2004-05 catalog year or prior.

DEGREE (AA, AAS, AGS, TC, CP)	MAJOR AND MAJOR CODE
CONCENTRATION (IF APPLICABLE)	CONCENTRATION CODE
CATALOG YEAR	
NOTE: If catalog year in Banner is different than catalog year being used to verify degree requirements, contact the Records Office at ext. 7405.	

GPA

GPA OVERALL: _____
 (Minimum 2.0 required for all associate degrees, technical certificates, and certificates of proficiency. Some programs require higher.)

GPA IN MAJOR AREA FOR AAS DEGREES:
 Required _____ Earned _____
 (Minimum 2.0 required for all AAS degrees. Some programs require higher.)

GPA IN REQUIRED COURSES FOR TECHNICAL CERTIFICATES AND CERTIFICATES OF PROFICIENCY:
 Required _____ Earned _____
 (Minimum 2.0 required for all required courses for technical certificates and certificates of proficiency. Some programs require higher.)

NOTE: Appropriate grades must be earned in in-progress courses and any future enrollment to meet GPA requirements at time of degree completion. A GPA calculator is available at: uafs.edu/advising/gpa-calculator.

NOTE: Beginning in the 2008-2009 catalog, a "C" or better is required for Freshman English requirements and only six credit hours of Freshman English may apply toward the degree.

FOR RECORDS OFFICE USE ONLY

Reviewed By _____ Date Posted on Banner _____ Application Fee Applied _____

Date of Final Degree Check _____ Degree Awarded _____ Degree Denied _____ Date _____

Reason for Denial _____

IDN @ _____

NAME _____

RESIDENCY

AA, AAS, or AGS

Credit hours, out of last 15, in residence: _____
(Last 15 hours of work toward degree must be completed in residence.)

AAS (only)

Credit hours in residence toward major: _____
(Minimum of 50% of the credit hours of the major field must be completed in residence.)

Technical Certificate

Credit hours completed in residence: _____
(Minimum of 15 hours of credit must be completed in residence.)

Certificate of Proficiency

Credit hours completed in residence: _____
(Minimum 50% of course requirements must be completed in residence.)

ELECTIVES

Electives used are approved YES NO
(See Electives Chart on Lionsweb for approved courses for AA and AGS degrees. See degree plan for approved courses for AAS, Technical Certificate, and Certificate of Proficiency.)

NOTE: *If NO, substitution form and/or documentation of approval must be attached to application.*

ACCEPTABLE GRADES

Hours of "D" toward degree/certificate: _____
(No more than 15 hours allowed for associate degrees. No more than **one course** with "D" for technical certificate or certificate of proficiency.)

NOTE: *Some colleges will not accept a grade of "D" in required courses.*

COURSE SUBSTITUTIONS

Have all necessary course substitutions been submitted and approved?

YES NO (See attached Course Substitution Request)

List all substitutions being used for completion of this degree:

COURSE ON DEGREE PLAN

SUBSTITUTION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COURSES REQUIRED TO COMPLETE DEGREE

List remaining courses needed to complete degree and the planned term of completion.

SUBJECT	COURSE #	TERM/SEMESTER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am familiar with all the graduation requirements listed in the designated catalog, and I plan to fulfill all requirements by the date listed on page one. I will notify my advisor and the Records Office immediately if any change(s) is/are made in my schedule and/or graduation plans, including any change in my anticipated graduation date. I understand this is an initial audit and the final audit will be conducted by the Records Office. I understand that a \$30 graduation application fee will be applied to my account when my application is received by the Records Office. This fee will not be applied for students applying for only a certificate of proficiency.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

Dean Signature _____ Date _____