

GRADUATION CONTRACT – Associate Degree After completing this form and obtaining the appropriate signatures, return it to the Records & Advisement Office

PERSONAL INFORMATION – Please print clearly		ACADEMIC INFORMATION – For Student and Adviser			
Name		Student: By checking these boxes, I acknowledge that I am responsible for meeting ALL graduation requirements as stated in the university catalog. Adviser: By checking these boxes, I confirm that the student has completed the following graduation requirements.			
Major(s) 12		Requirements		Student	Adviser
Minor(s) 1. 2. Degree(s) Catalog Year		A minimum of 64 hours; Nursing majors need 69 hours and Physical Therapy majors need 92 hours		☐ Yes	☐ Yes
YOUR DIPLOMA NAME: Print your name exactly as your diploma. Use upper and lower case letters and access	A cumulative & Southern GPA of 2.00; Refer to school or department for major GPA		☐ Yes	☐ Yes	
First Middle	 Completion of a major; general education and electives to satisfy the total credit requirements. 		☐ Yes	☐ Yes	
I plan to graduate in: December May_I will be present at the graduation ceremony:*	One Service Level 1 and (not required for catalog)	☐ Yes	☐ Yes		
SENIOR CLASS SCHEDULE – Are you takin	g any classes off campus?	* • Yes • No If yes, whi	ch semester(s)? Fall	Winter \Box	Summer
Course # & Title Fall Sem./Year Credits Course # & Title Winter		Sem./Year Credits	Course # & Title Summer S	Session/Year_	Credits
				Total	Hours
			*Home Study/Off-Campus C	Course Title	College/University
Total Hours		Total Hours		Total Hours	
By signing this contract, all parties confirm the inform Director of Records & Advisement, and will require s	nation is correct to the bes ubmission of a new contra	act.			
Student: Date:	Adviser:	Date: As	sst. Dir. of Kecords:		Date: