Graduation Application and Degree Audit
Associate Degree, Technical Certificate, and Certificate of Proficiency

IDN @ ______________________________________ NAME ____________________________________________
First ________ Middle ________ Last ________

UAFS E-MAIL ADDRESS ________________________________________@g.uafs.edu

NAME AS DESIRED ON DIPLOMA ___________________________________________________________
First ________ Middle ________ Last ________

INTENDED SEMESTER OF GRADUATION _______________________
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II ☐ YEAR _______

APPLICATION DEADLINES:
SPRING/SUMMER I: April 15 one year prior to intended graduation
SUMMER II/FALL: November 15 one year prior to intended graduation

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.

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 __________________________________________________________________________________

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 current and future enrollment to meet GPA requirements at time of degree completion.

Continued on next page →
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. This fee will not be applied for students applying for only a certificate of proficiency. I understand I am responsible for this fee even if I do not complete my degree requirements.

Student Signature ____________________________________________________________________________________ Date ________________________

Advisor Signature ____________________________________________________________________________________ Date ________________________

Department Head Signature ____________________________________________________________________________________ Date ________________________

Dean Signature ____________________________________________________________________________________ Date ________________________