Graduation Application and Degree Audit
Bachelor’s Degree

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: April 15, one year prior to intended graduation

Fall: November 15, one year prior to intended graduation

Major                  Major Code      Catalog Year

Concentration (If Applicable)                  Concentration Code

NOTE: Although a course may meet two different requirements, the course is counted only once in the total number of hours required for the degree.

Minor (If Applicable)                  Minor Code      Catalog Year

NOTE: Although a course may meet two different requirements, the course is counted only once in the total number of hours required for the degree.

Double Major (If Applicable)                  Major Code, Second Major      Catalog Year

Number of unduplicated hours toward major area of the second major: ____________

NOTE: Minimum of 30 unduplicated hours for the second major is required, and substitutions may not be used to fulfill the second major. Must complete a minimum of 154 credit hours.

Dual Degree (If Applicable)                  Major Code, Second Degree      Catalog Year

Number of unduplicated hours toward second degree: ____________

NOTE: Only twelve hours of courses required by the first degree may be used to satisfy requirements of the second (in addition to general education requirements).

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 __________________________

Continued on next page
A copy of the Online Degree Evaluation/CAPP should be attached to this application.

**Hours** (Including completed, in-progress, and projected enrollment)
- Number of upper-level hours toward degree (Minimum 45 upper-level hours toward degree required): __________
- Number of lower-level transfer credit hours applied toward degree (68 hour maximum): __________
- Number of nontraditional education hours (i.e., AP, CLEP) applied toward degree (30 hour maximum): __________

**Residency**
- Credit hours in residence toward major: __________
  (Minimum of 50% of the major hours must be in residence)
- Credit hours, out of the last 36 overall, in residence: __________
  (30 of the last 36 must be in residence)
- Credit hours in residence toward minor: __________
  (Minimum of 50% of the minor hours must be in residence)

**Acceptable Grades**
- Hours of “D” toward degree: __________
  (15 hour maximum for most bachelor’s degrees)
- Grade of “C” or better in 6 hours of English Composition?  
  [ ] YES  [ ] NO (C or better required)

**GPA**
- GPA Overall: __________
  (Minimum 2.0 - many programs require higher)
- GPA in Major: 
  Required __________ Earned __________
  (Minimum 2.0 - many programs require higher)
- GPA in Minor: 
  Required __________ Earned __________

**Electives and Course Substitutions**
- Electives used are approved  [ ] YES  [ ] NO
  
  Note: If NO, please indicate intended substitution on attached degree evaluation.
- Have all necessary course substitutions been submitted, approved, and noted in GRA comments?  
  [ ] YES  [ ] NO (See attached Course Substitution Request)

**Outstanding Requirements for Degree Completion**
List remaining requirements needed to complete degree and the planned term of completion. If course Subj/# is not specifically listed, please indicate whether lower- or upper-level.

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<th>Subject</th>
<th>Course #</th>
<th>Term/Semester</th>
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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. 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 ________________