

DEPARTMENT OF MATHEMATICS AND COMPUTER SCIENCE

GRADUATION PRELIMINARY APPROVAL FORM

NAME _____ **DATE** _____

Student ID _____ **Major** _____

Expected Semester and Year of Graduation _____

English Proficiency Test: Date _____ **(Check One) Passed** ___ **Failed** ___

If you failed this test, please indicate the semester you took ENGL 111 (Functional Grammar) or E 152 (Practical English). (Check One) Passed ___ **Failed** ___

NAME OF ACADEMIC ADVISOR _____

The advisor in consultation with the advisee must check the advisee's grades from the Student Transcript from BANNER Self-Service.

An audit of my advisee's academic record reveals that the remaining courses needed to satisfy the course requirements for graduation are listed as follows: (Please indicate course number and title)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Advisor's Signature _____ **Date** _____

NAME OF ACADEMIC PROGRAM COORDINATOR _____

After examining this student's academic record, reviewing the content of this form, and verifying the accuracy of information on the Graduation Application Form, please check one of the following:

Is this student eligible to apply for graduation? Yes _____ **No** _____

Program Coordinator's Signature _____ **Date** _____

Department Chair's Signature _____ **Date** _____