

UNDERGRADUATE GRADUATION APPLICATION AND AGREEMENT

Off-Campus Site _____

Date _____

Legal Name _____
First Name
Middle
Last Name

AU ID _____

Courses Still to be Completed

Term _____

Course #	Course Title	Credits
Total Credits		

Term _____

Course #	Course Title	Credits
Total Credits		

Term _____

Course #	Course Title	Credits
Total Credits		

Term _____

Course #	Course Title	Credits
Total Credits		

Student:

I have petitioned to take these courses off campus:

I know that I am responsible for meeting all degree requirements. I will make **no changes** in this program without the approval of my **Advisor** and the **Records Office**.

Signed _____ Date _____
 Graduation Date May August December
 Andrews Main Campus Yes No

Department Chair and Advisor:

1. I have checked this against the student's ACE sheet and I agree that the student meets all the requirements for this Major.

Off-Campus Agreement _____ Degree _____

1st Major or Concentration _____

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2. I have checked this against the student's ACE sheet and I agree that the student meets all the requirements for this Major.

Off-Campus Agreement _____ Degree _____

2nd Major or Concentration _____

.....

3. I have checked this against the student's checksheet and I agree that the student meets all the requirements for this Minor.

Minor(s) _____

Signed _____ Date _____
Department Chair
Date

Signed _____ Date _____
Advisor
Date

Records Office: (Checksheet Counselor)

I agree that if the above named student follows the program as outlined on this form and fulfills the other academic policies as listed in the Off-Campus Agreement, he/she will have completed the requirements for this degree.

Signed _____ Date _____

Important! Please fill in Page 2

