

FAIRMONT STATE UNIVERSITY GRADUATE STUDIES

GRADUATION CHECKLIST

Name: _____ ID No. _____

Address: _____
(Number and Street) (City) (State and Zip Code)

Telephone: () _____ Email Address: _____

Degree: M.A.T C.J. M.B.A. H.S.
 M.Ed. Concentration: _____

Admission Materials:

- | | |
|--|---|
| <input type="checkbox"/> Application Submitted
Date: _____ | <input type="checkbox"/> Test Score Received
Date: _____ |
| <input type="checkbox"/> Application (\$20.00/\$40.00) fee paid
Date: _____ | GRE: _____
MAT: _____
GMAT: _____ |
| <input type="checkbox"/> Official Transcript Received
Date: _____ | <input type="checkbox"/> Undergraduate GPA: _____ |

Progress toward Degree:

- | | |
|---|--|
| <input type="checkbox"/> Undergraduate Deficiencies Met
Date: _____ | <input type="checkbox"/> Degree Plan Approved
Date: _____ |
| <input type="checkbox"/> Transfer of Credit (if any) Processed
Date: _____ | <input type="checkbox"/> Thesis (if necessary) Approved
Date: _____ |

Graduation items:

- | | |
|--|---|
| <input type="checkbox"/> Graduation Fee (\$70.00) Paid
Date: _____ | <input type="checkbox"/> Commencement Participation Form
Date: _____ |
| <input type="checkbox"/> Graduation Application Submitted
Date: _____ | <input type="checkbox"/> Cap, Gown and Hood Ordered
Date: _____ |

I have examined the appropriate records and recommend this student for graduation:

Program Dean's Signature: _____ Date: _____

Conditions: _____

Approved for Degree **Not Approved**
Vice President for Research & Graduate Studies' Signature: _____
Date: _____