

FAIRMONT STATE UNIVERSITY GRADUATE STUDIES

GRADUATION CHECKLIST

Name: _____ ID No. _____

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

Telephone: () _____ Email Address: _____

Degree: M.Ed. M.A.T M.S. M.B.A. H. S.

Program: _____

Admission materials:

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

Progress towards Degree:

- | | |
|--|--|
| <input type="checkbox"/> Undergraduate deficiencies removed
Date: _____ | <input type="checkbox"/> Degree Plan approved
Date: _____ |
| <input type="checkbox"/> Transfer 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 records and recommend this student for graduation:

Advisor's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

Conditions: _____

Approved for Degree **Not Approved**

Graduate Dean's Signature: _____ Date: _____