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:

□ Application submitted
   Date: __________

□ Application ($40.00) fee paid
   Date: __________

□ Official Transcript received
   Date: __________

□ Test Score received
   Date: __________
   GRE: ________
   MAT: ________
   GMAT: ________

□ Undergraduate GPA: ________

Progress towards Degree:

□ Undergraduate deficiencies removed
   Date: __________

□ Transfer Credit (if any) processed
   Date: __________

□ Degree Plan approved
   Date: __________

□ Thesis (if necessary) approved
   Date: __________

Graduation items:

□ Graduation fee ($70.00) paid
   Date: __________

□ Graduation Application submitted
   Date: __________

□ Commencement participation form
   Date: __________

□ 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: __________

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