



Final Graduation Audit Form
Term _____ **Year** _____

Office of Academic Records and Summer School
 107 Old Main
 724-738-2010

The following student has applied to graduate. Please complete the required information and return to the Office of Academic Records and Summer School, 107 Old Main. This student will not be graduated or receive his/her diploma until your permission is granted. If this student is not approved, please indicate the reason below and notify student and graduate coordinator.

Thank you for your assistance.

Student's Name _____ **Student Rock I.D. A0** _____

Degree _____ **Program** _____ **Final Cumulative QPA** _____

Oral Comprehensive Required?	Written Exam Required?	Thesis Required?	Portfolio Required?	Other Requirements	
				Yes	No
Yes No	Yes No	Yes No	Yes No	Yes No	Please list:
Oral Comp Completion Date __/__/20__	Written Exam Completion Date __/__/20__	Thesis Submission Date __/__/20__	Portfolio Submission Date __/__/20__	Completion Date __/__/20__	Yr. Entered SRU: _____ (Graduate School - 6 Yr. Statute of Limitation)
					Total Credits Completed: _____
					Coordinator's Recommendation Graduate _____ Do Not Graduate _____

If not approved, please indicate reason: _____

Coordinator's Signature _____ **Date** _____

Dean's Signature _____ **Date** _____ **DECISION: Approved** _____ **Not Approved** _____

DEANS: Please return completed form to Academic Records and Summer School, Room 107 Old Main. If the student has not been approved, please notify student and graduate coordinator in writing.