

Last Name

First

Middle

Office of Academic Records & Registration
 Slippery Rock University
 107 Old Main
 724-738-2010

Final Graduation Audit Form

Term _____ Year _____

The student listed above has applied to graduate. Please complete the required information and return to the Office of Academic Records & Registration, 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.

Degree/Certificate _____ Program _____ Final Cumulative GPA _____

Oral Comprehensive Required?	Written Exam Required?	Thesis Required?	Portfolio Required?	Other Requirements	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please list:
Oral Comp Completion Date	Written Exam Completion Date	Thesis Submission Date	Portfolio Submission Date	Completion Date	Yr. Entered SRU: _____ (Graduate School - 6 Yr. Statute of Limitation) Total Credits Completed: _____
mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	Coordinator's Recommendation Graduate <input type="checkbox"/> Do Not Graduate <input type="checkbox"/>

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 & Registration, Room 107 Old Main. If the student has not been approved, please notify student and graduate coordinator in writing.