

UNDERGRADUATE DEGREE CHECK

Directions to the Student: It is your responsibility to ensure that this Undergraduate Degree Check form is completed and signed by your advisor, reviewed and approved by the department chair in which your FIRST major resides, and returned to the Records Office, along with your Graduation Application, your approved major and/or minor Degree Plan(s), and a current transcript, by the end of the second week of the semester in which you plan to graduate (first week of the Regular Session for summer graduation).

Name _____ SS # _____

Major _____ Anticipated Semester of Graduation _____

Second Major _____ Minors(s) _____

Candidate for Teacher Licensure? YES _____ NO _____ Level _____

(NOTE: Candidates for licensure must consult with their assigned advisor in the Department of Teacher Education to ensure completion of all licensure requirements.)

Has the student repeated any course work taken at ASC? YES _____ NO _____ (If yes, the student is responsible for notifying the Records Office of all repeated course work. *Failure to report repeated course will delay graduation.*)

GENERAL DEGREE REQUIREMENTS

1. Minimum of 120 academic semester credit hours:
_____ completed + _____ in progress = _____ (minimum of 120)

2. Minimum of 42 semester credit hours of upper-division (300- and 400- level) credits:
_____ completed + _____ in progress = _____ (minimum of 42)

3. Minimum 2.0 Grade Point Average (GPA): Current GPA _____

4. General Education Requirements:

A. Writing Assessment satisfied? YES _____ NO _____

B. Math Proficiency Requirement satisfied (for students entering prior to fall 1996)? YES _____ NO _____

C. Other General Education Requirements satisfied? YES _____ NO _____

D. Technology requirement satisfied (for students entering Fall 2000) YES _____ NO _____

MAJOR REQUIREMENTS: Credits completed in major _____ in progress _____

List any remaining requirements by course number and title:

_____	_____
_____	_____
_____	_____

I understand that to be eligible to graduate at the end of the semester indicated above, I must complete all remaining requirements as listed above.

Student's Signature _____ **Date** _____

I certify that upon satisfactory completion of the requirements listed on this form, the student named above will be eligible to graduate in accordance with the policies of Adams State College.

Advisor's Signature _____ **Date** _____

Department Chair Signature _____ **Date** _____