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 major resides, and returned to the Records Office, along with your Graduation Application, your approved Degree Plan, 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___________________________________________________________ ID #_______________________________________

Major ______________________________________ Anticipated Semester of Graduation __________________

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 __________

List remaining requirements by course number and title:

__________________________________________________________________________

__________________________________________________________________________

MAJOR REQUIREMENTS: Credits completed in major _________ in progress _________

List 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 _____________________________

Dept. Chair Signature____________________________________ Date _____________________________

Original: Records Office  rev: 09/04