CONFIRMATION OF GRADUATION (COG)

INSTRUCTIONS: PLEASE PRINT THE STUDENT’S NAME, ID NUMBER, MAJOR, CATALOG YEAR AND GRADUATION TERM, THEN MARK THE APPROPRIATE LINE(S) WHICH APPLIES TO THE STUDENT’S COG.

STUDENT’S NAME: ___________________ STUDENT’S ID: _______________

MAJOR: ___________________________ CAT. YR: _______________

GRAD TERM: _____________________

PLEASE CHOOSE ONE OF THE FOLLOWING:

1) _____ Student is clear for graduation contingent upon:
   (Check all that apply)
   _____ Pending transfer credits
   _____ Successful completion of registered courses
   _____ Attached sub/waiver form

2) _____ Student is not cleared to graduate
   (Check all that apply)
   Reason:
   _____ Low GPA
   _____ Short earned hours
   _____ Did not meet program degree requirements
   _____ Other ____________________________

______________________________
DEPARTMENT CHAIR

_______ DATE ___________________

DEANS APPROVAL

**************************OFFICE USE ONLY**************************

DATE RECEIVED ________ ACCEPTED OR DENIED – DATE ____________________

Revised 4/4/08