DEPARTMENT OF MATHEMATICS AND COMPUTER SCIENCE

GRADUATION PRELIMINARY APPROVAL FORM

NAME__________________________________ DATE________________________________

Student ID__________________________ Major____________________________________

Expected Semester and Year of Graduation ________________________________________

English Proficiency Test: Date ______________________ (Check One) Passed___ Failed___

If you failed this test, please indicate the semester you took ENGL 111 (Functional
Grammar) or E 152 (Practical English). (Check One) Passed____ Failed ____

NAME OF ACADEMIC ADVISOR _______________________________________________

The advisor in consultation with the advisee must check the advisee’s grades from the
Student Transcript from BANNER Self-Service.

An audit of my advisee’s academic record reveals that the remaining courses needed to
satisfy the course requirements for graduation are listed as follows: (Please indicate course
number and title)

___________________________________   ___________________________________

___________________________________   ___________________________________

___________________________________   ___________________________________

___________________________________   ___________________________________

___________________________________   ___________________________________

Advisor’s Signature__________________________________________________________ Date__________________

NAME OF ACADEMIC PROGRAM COORDINATOR_______________________________

After examining this student’s academic record, reviewing the content of this form, and
verifying the accuracy of information on the Graduation Application Form, please check
one of the following:

Is this student eligible to apply for graduation? Yes ______  No ______

Program Coordinator’s Signature____________________________________________ Date________________

Department Chair’s Signature_______________________________________________ Date________________