

SECTION 2: TO BE COMPLETED BY ADVISOR

Students Name: _____ H00: _____

Current Major: _____

Previous Major(s): _____

Prior degree(s) completed: _____

Other Relevant Information: _____

Expected Graduation Date (month/year): _____

I have worked with this student and certify that the plan developed for graduation as outlined on this form is accurate to the best of my knowledge. I certify that based on the above schedule this student will be able to finish their degree by the expected graduation date listed above.

Advisor Signature	Date
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SECTION 3: TO BE COMPLETED BY FINANCIAL AID OFFICE

File	
NSLDS (Loans/Grants)	
Attempted Credit Hours	
Earned Credit Hours	
Transferred Credit Hours	
Budget	
Program	

SECTION 4: TO BE COMPLETED BY WAIVER COMMITTEE

Degree Completion Date			
STATUS	<input type="checkbox"/> APPROVED	Through:	<input type="checkbox"/> DENIED
Additional Waivers?	<input type="checkbox"/> MAY APPLY	<input type="checkbox"/> MAY NOT APPLY	

Reviewed by:	Date:
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