## **COLLEGE OF ENGINEERING GRADUATION CHECKLIST - GRADUATE STUDENTS**

Last Name:					First Name:					
Student U#	:			E-mail Address :		ss :				
Graduating Term and Year:							Са	atalog Year:		
Department Name :										
Degree Sought :										
Concentration(s) (If applicable) :										
		raduating term: issertation hrs. for MS	thesis/PhD	studen	ts; minimum 2	2 gra	aduat	e level hrs. for no	on-thesis MS stu	
3-Letter Course Subject & Number (example: CGN 7980)		Course Title						Credit hrs		
1.										
2.										
3.										
4.										
5.										
Student initial s, in		ing agreement : for graduation throu	inh Oasis							

I understand any incomplete, missing , or non -approved information may result in graduation DENIAL. I understand that I am responsible for knowing and meeting the degree and graduation requirements. I have read the information on the next page.

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Date:

## TO BE COMPLETED BY GRADUATE PROGRAM DIRECTOR AFTER STAFF FINAL REVIEW Award F Deny F The student has met all T T T

The student has met all degree requirements and the degree can be awarded.

Reason(s) for denial:

TO BE COMPLETED BY COLLEGE OFFICE College Certifying Officer Signature:

Date:

## Students Must Check:

Major/Concentration(s): Degree information, including Major and Concentration(s), must be correct in Oasis before