Virginia Commonwealth University

Graduation Application for Undergraduate Degree

A:

STUDENT NUMBER:		**PERMANENT MAILING ADDRESS:**	
NAME:		**STREET:**	**APT/PO.:**
SCHOOL:		**CITY:** / **STATE:**	**ZIP CODE:**
MAJOR:		**COUNTRY:**	
DEGREE:		**TELEPHONE:**	
DOUBLE MAJOR (Double Majors must file an application for each Major. Double Majors will not print on the diploma, but will show on the academic transcript.):		**PREFERRED E-MAIL ADDRESS:**	
MINOR:		**AREA OF TEACHER CERTIFICATION** (Educational Majors only):	
CONCENTRATION:		**EFFECTIVE BULLETIN:**	
DUAL DEGREE (Must file separate application):		**DEGREE REQUIREMENTS TO BE COMPLETED BY: YEAR 20____ MONTH** (check) ☐ 1-MAY ☐ 2-AUG. ☐ 3-DEC.	

DIPLOMA NAME:	**FIRST**	**MIDDLE OR MAIDEN**	**LAST**

(If you have not done so already online, print your name exactly as you wish it to appear on your diploma, include accents, spaces, capitalization and applicable suffixes.)

HOMETOWN CITY:	**HOMETOWN STATE:**	☐ **DO NOT MAIL MY DIPLOMA. PLEASE CALL ME AT THE PHONE # ABOVE WHEN MY DIPLOMA IS READY TO BE PICKED UP.**

B:

I. IN PROGRESS: TERM_____ YEAR_____

II. TO BE COMPLETED (LIST COURSES WITH GRADES OF **I**, **PR**, OR **NG**)

(✓) (X)	COURSE	CREDITS	GRADE	COURSE	CREDITS	GRADE	TERM/YEAR

PLACE A ✓ BEFORE UNIVERSITY REQUIRED COURSES AND/OR AN X BEFORE THOSE COURSES WHICH ARE NECESSARY TO COMPLETE MAJOR REQUIREMENTS.

CREDITS TO BE EARNED:_____

CREDITS TO BE COMPLETED:_____

III. MAJOR CONCENTRATION

	CREDITS	GPA
REQUIRED		MIN. 2.00
IN PROGRESS		
TO BE COMPLETED		
TRANSFERRED		
VCU EARNED		
TOTAL EARNED		

IV. UPPER LEVEL COURSES
(CREDITS EARNED IN 300-400 LEVEL OR EQUIVALENCIES)

	CREDITS
REQUIRED	MIN. 45
IN PROGRESS	
TO BE COMPLETED	
TRANSFERRED	
VCU EARNED	
TOTAL EARNED	

V. TOTAL CREDITS/GPA
(MINIMUM REQUIREMENTS:120 EARNED HOURS AND 2.00 GPA)

	CREDITS	GPA
REQUIRED	MIN. 120	MIN. 2.00
IN PROGRESS		
TO BE COMPLETED		
TRANSFERRED		
VCU EARNED		
TOTAL EARNED		

VI. UNIVERSITY RULES (Check Box A or B and C or D)

A. ☐ **CANDIDATE WILL COMPLETE 25 PERCENT OF CREDITS AT VCU.**

B. ☐ **ACADEMIC REGULATIONS APPEALS COMMITTEE WAIVED THE 25 PERCENT RULE (25 PERCENT OF ALL CREDITS ARE VCU CREDITS).**

C. ☐ **CANDIDATE WILL COMPLETE AT LEAST 30 OF THE LAST 45 CREDITS AT VCU.**

D. ☐ **ACADEMIC REGULATIONS APPEALS COMMITTEE WAIVED THE "AT LEAST 30 OF THE LAST 45 CREDITS ARE TAKEN AT VCU."**

C:

I UNDERSTAND AND CONFIRM THAT I HAVE MET OR WILL MEET UPON SUCCESSFUL COMPLETION OF THE PROPOSED COURSE SCHEDULE (I.E. CURRENT COURSES) THE UNIVERSITY AND ACADEMIC REQUIREMENTS FOR MY DEGREE.

SIGNATURE OF CANDIDATE FOR DEGREE	**DATE**

I HAVE REVIEWED THE ACADEMIC RECORD OF THE ABOVE APPLICANT AND CERTIFY THAT ALL THE UNDERGRADUATE DEGREE REQUIREMENTS FOR THE MAJOR AND THE UNIVERSITY HAVE BEEN FULFILLED. I RECOMMEND THAT THIS CANDIDATE BE AWARDED THE DEGREE APPLIED FOR UPON SATISFACTORY COMPLETION OF THE COURSES DESIGNATED ABOVE .

SIGNATURE OF ADVISOR	**PRINT NAME**	**DATE**
SIGNATURE OF DEPARTMENT CHAIRPERSON	**PRINT NAME**	**DATE**
SIGNATURE OF DEAN OR DEAN'S DESIGNEE	**PRINT NAME**	**DATE**