



**NORTH CAROLINA CENTRAL UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
1801 Fayetteville Street • Durham NC 27707
Academic Approval for Graduation
FOR GRADUATE & PROFESSIONAL PROGRAMS**

Department/School _____ Term _____

Submit this form to the UNIVERSITY REGISTRAR in order for the graduate's name to be listed in the Commencement program and the student's diploma to be available at the Commencement Exercises. **THE STUDENT'S APPLICATION FOR GRADUATION CANNOT BE PROCESSED WITHOUT THIS APPROVAL FOR GRADUATION FORM ON FILE.**

Student Banner ID _____	Student Name _____
Degree Program _____	Joint Degree Program _____
2 nd Degree Program _____	Major _____
Minor _____	Concentration _____

The student listed above has applied for graduation for the term listed above. A check of the student's academic statistics has revealed the following:

Total Earned Hrs	<input type="text"/>	Total Earned Hours - Major	<input type="text"/>
Hrs Currently Enrolled	<input type="text"/>	Hrs. Currently Enrolled - Major	<input type="text"/>
Total Hrs (end of term)	<input type="text"/>	Total Hrs (end of term) – Major	<input type="text"/>
Cum GPA	<input type="text"/>	Cum GPA – Major	<input type="text"/>

DEFICIENCIES

Deficiencies in Major Requirements	<input type="text"/>
Deficiencies in 2 nd Degree Requirements	<input type="text"/>
Deficiencies in Joint Degree Requirements	<input type="text"/>

Courses Enrolled in this term	<input type="text"/>
Deficiencies in GPA (Course Grade required)	<input type="text"/>

I approve this student for graduation this term **UPON SUCCESSFUL COMPLETION** of any courses listed above.

PLEASE REFER TO PAGE 2 OF THIS FORM FOR MY RECOMMENDATIONS FOR RESOLVING ANY DEFICIENCIES IN ACADEMIC REQUIREMENTS. (Attach any supporting documentation to this form.)

ACADEMIC ADVISOR/EVALUATOR

DEPARTMENT CHAIRPERSON

DEPARTMENT DEAN

DATE

DATE

DATE

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Recommendation & Approval of Substitutions, Waivers, or Exemptions

STUDENT NAME _____ Term _____

Submit this form to the UNIVERSITY REGISTRAR in order for the graduate's name to be listed in the Commencement program and the student's diploma to be available at the Commencement Exercises.

I approve this student for graduation this term based on the recommended exemption(s) waiver(s), and/or substitution(s) listed below. (Please provide rationale for any waivers or substitutions.)

DEPARTMENT CHAIRPERSON

DATE

EXEMPTION(S):

WAIVER(S):

SUBSTITUTION(S):

DEAN'S CERTIFICATION:

- I approve the exemption(s), waiver(s), and/or substitution(s)**
- I do not approve the exemption(s), waiver(s), and/or substitution(s)**

DEAN

DATE