

WPC APPLICATION FOR GRADUATION AND GRAD CHECK (B.A. or B.S.)

TO BE COMPLETED BY STUDENT:

Advisor _____

Name _____
 _____ **Print** as you want it to appear on your diploma
 Address _____
 City _____ State _____ Zip _____
 Telephone _____
 Major 1 _____
 Major 2 _____
 Major 3 _____

Campus Mailbox Number _____ ID No. _____
 Expected Graduation Date May December Year _____
 Date Submitted _____ Catalog Year _____
 Student Signature _____
 Minor 1 _____
 Minor 2 _____
 Emphasis _____

GENERAL REQUIREMENTS (To be completed by Registrar)

Total Credits to Graduate (124 req.)
 Transfer Credits _____
 WPC Credits to Date _____
 Total Credits to Date _____
CREDITS TO 124 _____

Residency (30 of last 40 Credits req.)
 Has _____
Needs _____
Upper Division (Requires 40)
 Has _____
Needs _____

General Education Core	Courses	Approx Credits
Communications	_____	_____
Humanities	_____	_____
Religion	_____	_____
Mathematics	_____	_____
Science	_____	_____
Social Science	_____	_____
Fine Arts	_____	_____
Health and P.E.	_____	_____
TOTAL GENERAL ED CORE		_____

Sent to Advisor _____

MAJOR/MINOR REQUIREMENTS (To be completed by Faculty Advisor)

Major 1 _____ Additional Major on reverse
Residency: Requires _____ Has _____ **Needs** _____
Upper Division: Requires _____ Has _____ **Needs** _____

COURSES NEEDED:

Course No.	Credits	Semester	Course No.	Credits	Semester
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature _____
TOTAL CREDITS _____

Minor 1 _____ Additional Minor on reverse
Residency: Requires _____ Has _____ **Needs** _____
Upper Division: Requires _____ Has _____ **Needs** _____

COURSES NEEDED:

Course No.	Credits	Semester	Course No.	Credits	Semester
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature _____
TOTAL CREDITS _____

Commulative GPA is now _____ **(minimum 2.0)** **Credits computed through** _____ **Approximate credits to complete degree** _____

Application has been approved subject to completion of cited requirements:

_____ Registrar

_____ Date

Original to Records Copy to Student Copy to Advisor

MAJOR/MINOR REQUIREMENTS (continued)

Major 2 _____ **Advisor 2** _____
Residency: Requires _____ Has _____ Needs _____
Upper Division: Requires _____ Has _____ Needs _____

COURSES NEEDED:

Course No.	Credits	Semester	Course No.	Credits	Semester
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature _____

TOTAL CREDITS _____

Minor 2 _____
Residency: Requires _____ Has _____ Needs _____
Upper Division: Requires _____ Has _____ Needs _____

COURSES NEEDED:

Course No.	Credits	Semester	Course No.	Credits	Semester
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature _____

TOTAL CREDITS _____

Major 3 _____
Residency: Requires _____ Has _____ Needs _____
Upper Division: Requires _____ Has _____ Needs _____

COURSES NEEDED:

Course No.	Credits	Semester	Course No.	Credits	Semester
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature _____

TOTAL CREDITS _____

Minor 3 _____
Residency: Requires _____ Has _____ Needs _____
Upper Division: Requires _____ Has _____ Needs _____

COURSES NEEDED:

Course No.	Credits	Semester	Course No.	Credits	Semester
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature _____

TOTAL CREDITS _____

REQUIREMENTS COMPLETE; POST DEGREE AS OF _____

Registrar _____