

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

TO BE COMPLETED BY STUDENT:

Advisor _____

Name _____
Print as you want it to appear on your diploma
 Address _____
 City _____ State _____ Zip _____
 Telephone _____

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

GENERAL REQUIREMENTS (To be completed by Registrar)

Total Credits to Graduate (62 required)

Transfer Credits _____
 WPC Credits to Date _____
 Total Credits to Date _____

Credits to 62 _____

Sent to Advisor _____

Residency (_____ Credits required)

Has _____

Needs _____

DEGREE REQUIREMENTS (To be completed by Faculty Advisor)

COURSES NEEDED:

<u>Course No.</u>	<u>Credits</u>	<u>Semester</u>	<u>Course No.</u>	<u>Credits</u>	<u>Semester</u>	<u>Course No.</u>	<u>Credits</u>	<u>Semester</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Signature _____

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

REQUIREMENTS COMPLETE; POST DEGREE AS OF _____

Registrar _____