



THE GRADUATE SCHOOL
Southern University and A&M College
Baton Rouge, Louisiana

Last Name

S#

Program/Field of Study

FOR Grad School OFFICE USE ONLY	
GPA	Processed By:
	Date:

GRADUATION APPLICATION CHECKLIST

EACH GRADUATION APPLICATION SUBMITTED MUST HAVE ALL ITEMS LISTED BELOW AFFIXED TO THIS DOCUMENT WHEN SUBMITTED TO THE GRADUATE SCHOOL.

- GRADUATION APPLICATION CHECKLIST (1 page)
- GRADUATION APPLICATION (2 pages)
- GRADUATE SCHOOL ACCESS AUTHORIZATION FORM (1 page)
- PROGRAM OF STUDY DESIGNATION FORM (1 page)
- PLAN OF STUDY (obtained from the academic department)

(Please be sure to enter your Last Name, S# and Program of Study at the upper-right of this form.)
My signature affixed to this document confirms that this application is COMPLETE.

Student's Signature: _____ Date: _____

Student Phone Number: _____ SUBR email: _____

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Baton Rouge, Louisiana

APPLICATION FOR GRADUATION

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Last Name		Banner ID/S#	
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CURRENT Semester Courses

List the courses you are CURRENTLY ENROLLED IN:

Course Prefix	Course Number	Course Title	Number of Credits

FINAL Semester Courses

List the courses you will take during your FINAL SEMESTER. There are the courses remaining on your Plan of Study.

Course Prefix	Course Number	Course Title	Number of Credits

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GRADUATE SCHOOL ACCESS AUTHORIZATION FORM

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(This form **MUST** be completed by the STUDENT, ADVISOR and DEPARTMENT CHAIRPERSON.)

By affixing my printed name and signature herein, I hereby authorize the Graduate School to access and obtain copies of my official academic record (transcripts, etc.) as needed.

Student's Name (printed)	
Student's Signature	
Date	

We, the undersigned, certify that the student's academic record has been thoroughly evaluated and that all degree requirements have been met, including the following:

1. The student has NO MORE THAN two (2) grades below "B" on the official transcript.
2. The student DOES NOT had a grade of "D" or "F" in any coursework completed that may be used to satisfy degree requirements and has a minimum of 3.0 grade point average on all graduate course work.
3. The student DOES NOT have any courses applied toward graduation which exceed the statute of limitations (7 years for master's and 8 years for doctoral).
4. The student WILL meet the course requirements detailed in the Plan of Study, including courses currently enrolled in.
5. The student has made sufficient progress toward completion of the thesis, dissertation, final project/report to warrant consideration for graduation in (semester and year of graduation) _____

Department			
Advisor's Name (printed)		Advisor's Signature/Date	
Department Chairperson's Name (printed)		Chairperson's Signature/Date	

FIELD OF STUDY - Degree Designation Form

Last Name		Banner ID/S#	
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Doctoral Degree Programs

Select your Field of Study	Degree Subject	Degree Designation
<input type="checkbox"/>	Environmental Toxicology	Ph.D.
<input type="checkbox"/>	Doctor of Nursing Practice	DNP
<input type="checkbox"/>	Nursing	Ph.D.
<input type="checkbox"/>	Public Policy	Ph.D.
<input type="checkbox"/>	Science and Mathematics Education	Ph.D.
<input type="checkbox"/>	Urban Forestry	Ph.D.

Masters Degree Programs

Select your Field of Study	Degree Subject	Degree Designation
<input type="checkbox"/>	Biology	MS
<input type="checkbox"/>	Business Administration	MBA
<input type="checkbox"/>	Computer Science	MS
<input type="checkbox"/>	Master of Science Criminal Justice	MS
<input type="checkbox"/>	Educational Leadership	M ED
<input type="checkbox"/>	Clinical Mental Health Counseling	MA
<input type="checkbox"/>	Teaching	MA
<input type="checkbox"/>	Engineering	ME
<input type="checkbox"/>	Family Nursing	MSN
<input type="checkbox"/>	Mathematics and Physics	MS
<input type="checkbox"/>	Public Administration	MPA
<input type="checkbox"/>	Executive Master of Public Administration - Online	MPA
<input type="checkbox"/>	Rehabilitation Counseling	MS
<input type="checkbox"/>	Social Sciences	MA
<input type="checkbox"/>	Speech-Language Pathology	MS
<input type="checkbox"/>	Therapeutic Recreation	MS
<input type="checkbox"/>	Urban Forestry	MS