NORTH CAROLINA CENTRAL UNIVERSITY

James E. Shepard, Founder

OFFICE OF THE UNIVERSITY REGISTRAR

1801 Fayetteville Street ● Durham NC 27707

Academic Approval for Graduation

GRADUATE, PROFESSIONAL, and DOCTORAL CANDIDATES ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Department/School | Counseling and Higher EducationSchool of Education |   Term | Summer 2024 |

*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 |  Master of Arts |
|  |  |  | Major |  |
| Is this a 2nd degree? | Yes or No |  | Concentration |  None |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Earned Hrs |  |  | Total Earned Hours - Major |  |
| Hrs Currently Enrolled |  |  | Hrs. Currently Enrolled - Major |  |
| Total Hrs (end of term) |  |  | Total Hrs (end of term) – Major |  |
| Cum GPA |  |  | Cum GPA – Major |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant has completed or will complete:** | Yes (√) | N/A (√) | If Yes, Please Provide Date |
| Foreign Language Exam |  |  |  |
| Written Comp Exam |  |  |  |
| Admission to Candidacy |  |  | Spring 2024 |
| Thesis or Project Plan |  |  |  |
| Thesis, Project or Portfolio Submission |  |  |  |
| Oral Defense |  |  |  |
| Final Written Exam |  |  |  |

**DEFICIENCIES**

|  |  |
| --- | --- |
| Deficiencies in Major Requirements |  |

|  |  |
| --- | --- |
| Courses Enrolled in this term |  |
| Deficiencies in GPA (Course Grade required) |  |

[x]  **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 |  | DATE |
|  |  |  |
| DEPARTMENT CHAIRPERSON |  | DATE |
|  |  |  |
| ACADEMIC DEAN |  | DATE |
|  |  |  |
| GRADUATE SCHOOL DEAN |  | DATE |

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Recommendation & Approval of Substitutions, Waivers, or Exemptions

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT NAME |  |  Term | Summer 2024 |

*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)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ACADEMIC DEAN |  | DATE |
| GRADUATE SCHOOL DEAN |  | DATE |