

NORTH CAROLINA CENTRAL UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
 1801 Fayetteville Street • Durham NC 27707
Academic Approval for Graduation
UNDERGRADUATE CANDIDATES ONLY

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 _____

Catalog Year _____

Major _____

Concentration _____

Minor _____

Double Major _____

Is this a 2nd Degree? Yes or No

Please note: Student must complete a separate on-line application for each major and Academic Approval must be submitted for each.

Total Earned Hrs	
Hrs Currently Enrolled	
Total Hrs (end of term)	
Is Cum GPA equal to or greater than 2.0?	Yes or No

Total Earned Hours - Major	
Hrs. Currently Enrolled - Major	
Total Hrs (end of term) – Major	
Is Major GPA equal to or greater than 2.0 (or department minimum)?	Yes or No

DEFICIENCIES

Deficiencies in GCS/CFAS/GEC	
Deficiencies in Major Requirements	
Deficiencies in Non-Major Requirements	
Deficiencies in 2 nd Degree Requirements	
Courses Enrolled in this term	
Deficiencies in GPA (Course Grade required)	

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

ACADEMIC DEAN

DATE

DATE

DATE

**NORTH CAROLINA CENTRAL UNIVERSITY
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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)**

ACADEMIC DEAN

DATE