

# NORTH CAROLINA CENTRAL UNIVERSITY OFFICE OF THE UNIVERSITY REGISTRAR

1801 Fayetteville Street • Durham NC 27707

## Academic Approval for Graduation

**GRADUATE, PROFESSIONAL, and DOCTORAL 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 \_\_\_\_\_  
 Degree \_\_\_\_\_  
 Major \_\_\_\_\_  
 Concentration \_\_\_\_\_

Is this a 2<sup>nd</sup> degree? \_\_\_\_\_ Yes or No \_\_\_\_\_

Joint degree or double major

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

Total Earned Hrs \_\_\_\_\_  
 Hrs Currently Enrolled \_\_\_\_\_  
 Total Hrs (end of term) \_\_\_\_\_  
 Cum GPA \_\_\_\_\_

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

<b>Applicant has completed or will complete:</b>	Yes (√)	N/A (√)	If Yes, Please Provide Date
Foreign Language Exam			
Written Comp Exam			
Admission to Candidacy			
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) \_\_\_\_\_

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

**NORTH CAROLINA CENTRAL UNIVERSITY  
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1801 Fayetteville Street • Durham NC 27707**

**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

\_\_\_\_\_  
GRADUATE SCHOOL DEAN

\_\_\_\_\_  
DATE