

**Graduation Check Request for Current Year**

Expected date of graduation

Semester  Year

Student Number

E-mail

Phone

Surname

Given name

Received ...../.../.....
Checked by.....
Student informed ...../...../.....

***Are you enrolled in all the units that you think you need to satisfy the requirements of your degree?***

Graduation checks for Semester 2 will not be completed unless you are enrolled in all your semester 2 units.

***Course Details***

Course: What degree are you enrolled in?

Majors: What majors are you enrolled in?

Minors: What minors are your enrolled in?

Any other details?

What Year/Which version have you followed?

Course variations Have you been given any variations to your degree? if so, please outline briefly.

Student Signature

You will be contacted by E-mail as soon as this check has been completed.

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***Division of Arts Comments***