



Graduate Pre-Certification Form

NAME: _____ **Campus Key:** _____
Last First Middle

Major: _____ **Catalog Year:** _____ **Advisor:** _____

Graduation Term: _____ **Student Email:** _____

Student's Phone: (Cell) _____ (Perm) _____

Current Semester (specify) _____

Future Semester (specify) _____

Future Semester (specify) _____

Course #	Course Name	Credits

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Credits earned at time of review _____

Credits remaining to graduate _____

Total credits required for program _____

- Residency credits
 Major requirements met at Jefferson
 Cumulative GPA must be 3.0 or better
 Any outstanding I, N/C, TR or F grades:

Course Name _____

Course Name _____

**Note: Pre-certification should match the student's academic record in Degree Audit.
 Any changes to the student's curriculum requirements should be completed with the Course Substitution Form.**

Student's Signature

Date

Advisor's Signature

Date

Certifying Officer's Signature

Date