

**THIS FORM MUST BE IN THE GRADUATE SCHOOL
NO LATER THAN 30 DAYS AFTER FIRST DAY OF SEMESTER
IN WHICH STUDENT INTENDS TO GRADUATE**

REQUEST FOR OPTION B GRADUATION CHECKOUT

To: Terri Lomax, Dean

Date: _____

From: _____
(Director of Graduate Programs/Major Advisor) -- type or print legibly

1. Request graduation checkout for the following student (type or print legibly):

(Name & Student ID Number of Student)

(Degree Objective)

(Major)

2. The advisor(s) is (are) _____

Name(s) of Advisor(s)

3. This student should graduate in the _____ Spring
_____ Summer (check one) semester,
_____ Fall (year) _____

4. I verify that (check one):

_____ the faculty member(s) named above is(are) the student's advisor(s).

_____ the name(s) of this student's advisor(s) and the student's Plan of Graduate Work
have been submitted and approved by my department/program on GARS.

(Signature of Director of Graduate Programs)

Approved: _____
Terri Lomax, Dean

Date: _____