



Graduate Student Graduation Summary

Graduation Services, Office of the Registrar,
108 Whichard Building
East Carolina University

Print Full Name (First, Middle, Last)	ECU (Banner) ID #
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is working for a _____ degree with a Program of Study (**Major**) _____
 and a **Concentration** in _____ and or **Certificate** in _____
 Expected graduation fall spring summer 20 _____

Please type or print legibly
The student must SUCCESSFULLY COMPLETE the following:

	PREFIX and NUMBER	NUMBER OF HOURS
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

This degree/ certificate program requires the completion of the following components:

Dissertation _____ Thesis _____ Professional Paper _____
 Research Project _____ Portfolio _____ Recitals _____
 Foreign Language Requirement _____

This degree/ certificate program requires the completion of the following exam(s):

Academic Comprehensive Exam: _____
 Course number and date of successful completion
 Education Comprehensive Exam: (1) _____ (2) _____

Summary of semester hours applied toward degree:

Total semester hours required for this degree/certificate _____
 Total semester hours completed as a degree student at ECU _____
 Semester hours completed as a nondegree student (only 9 sh are allowed**) _____
 Semester hours earned through credit by exam. (must submit Credit by Exam form) _____
 Semester hours transferred from another university ** _____
 Name of University _____

SUM of semester hours applied toward this degree/certificate _____

Note: My signature certifies that this student has met all the requirements for graduation contingent on the successful completion of the courses taken this semester.

Signature Dean/Chair or Program Director **Date**

** List any courses taken for nondegree credit over 9 sh on the Request for Transfer Credit form and submit it immediately to the Graduate School. The form can be found at www.ecu.edu/gradschool/.