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#

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____ (circle)

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:

Education Comprehensive Exam: (1) ___________________ (2) ___________________

Course number and date of successful completion

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/.