

Print all information

**GRADUATE STUDENT GRADUATION SUMMARY  
EAST CAROLINA UNIVERSITY**

**Name of student:** \_\_\_\_\_ **Semester of graduation:** \_\_\_\_\_

**Student Social Security Number:** \_\_\_\_\_

**Degree to be awarded:** \_\_\_\_\_ **Name of Program:** \_\_\_\_\_

Concentration within program or certificate to be awarded (if applicable) \_\_\_\_\_

**I. Course Requirements to be completed this semester: (Give substitute course if allowed)**

(NOTE: ONLY enrolled students registered for this semester will be allowed to graduate!!!)

Course Number	Semester Hours	Substitute Course	Semester Hours
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**II. This degree/ certificate program requires completion of the following components:**

(Give date, or anticipated date, of completion beside the required items)

Dissertation _____	Thesis _____	Professional Paper _____
Research Project _____	Portfolio _____	Recitals _____
Foreign Language Requirement _____	Check here if none are required _____	

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

(Give course number and date of successful completion. Write NA if not required.)

Academic Comprehensive Exam: \_\_\_\_\_  
(course number and date of successful completion)

Education Comprehensive Exam(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(course number and date of successful completion)

**IV. Summary of semester hours applied toward degree: (NOTE: Screen RG312 must be completed)**

- a) What are the total semester hours required for this degree/ certificate? sh \_\_\_\_\_
- b) Semester hours completed at ECU as degree student (including those in Section I.): sh \_\_\_\_\_
- c) Semester hours completed as nondegree student (only 9 sh allowed \*\*): sh \_\_\_\_\_
- d) Semester hours earned through credit by exam: sh \_\_\_\_\_
- e) Semester hours transferred from another university \_\_\_\_\_ sh \_\_\_\_\_  
(Give name of university)

SUM of semester hours applied toward this degree/ certificate sh \_\_\_\_\_

(NOTE: Add sections b,c,d,and e above. This sum should equal or exceed the number listed in section IV.a above)

**V. My signature certifies that this student has met all of 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 is found at [www.ecu.edu/gradschool/](http://www.ecu.edu/gradschool/) under *Information for Graduate Faculty and ECU Administrators*

**NOTE: Return this form to the Registrar; Graduate Student Certification (Whichard Bldg).  
Screen RG 312 MUST ALSO be completed before this form will be processed.**