# GRADUATION EVALUATION

## Associate and Baccalaureate Programs

(Cannot submit same evaluation for Baccalaureate and Associate Degree)

<table>
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<tr>
<th>NAME</th>
<th>CWID</th>
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### Graduation Semester:
- [ ] Fall ______ (Year)
- [ ] Spring ______ (Year)
- [ ] Summer ______ (Year)

### Recommended Degree:
- [ ] BA
- [ ] BS
- [ ] BBA
- [ ] BFA
- [ ] BIND
- [ ] BM
- [ ] BSN
- [ ] BTEC
- [ ] AA
- [ ] AS
- [ ] AAS

Completed Earned Hours (EHR$S$—cum/grad/ret row on SCT)

### Number of Degrees:
- [ ] 1
- [ ] 2
- [ ] 3
  (If double major—mark one degree and indicate majors below)

1. Major: ___________________  Option: ___________________  Minor: ___________________


### Courses needed to fulfill graduation requirements:

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<th>Current Semester:</th>
<th>Remaining Courses:</th>
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Completed 40 Upper division hours: [ ] Yes  [ ] No  Upper Division Hours Needed for 40: ______

Completed 30 hours at OPSU: [ ] Yes  [ ] No

60 hours at a Baccalaureate degree-granting institution: [ ] Yes  [ ] No

15 of the last 30 hours in Residence: [ ] Yes  [ ] No  Online Hours at OPSU: ________________

### Special Requirements: For School of Education Baccalaureate Degrees

Completed Teaching Certificate Requirements: [ ] Yes  [ ] No  [ ] N/A

Foreign Language Competency Date: ________________

### Special Requirements: For Associate Degrees

Completed 15 hours at OPSU: [ ] Yes  [ ] No

Departmental Advisor: ___________________  Date: ________________

Registrar: ___________________  Date: ________________

### REGISTRAR’S COMMENTS: