

School of Graduate Studies
Armstrong Atlantic State University

Request for Requirements Met

(For students that will not be graduating the term that they finish their classes. For example, finish in Summer '07, but walk in December '07 and need a transcript that shows their degree.)

Name: _____ SID#: _____
 last first middle

Address: _____
 street

_____ city state zip

Phone Number: () _____ E-mail: _____

Program of Study: _____

Academic Advisor: _____

I, _____ would like my official AASU transcript to reflect that the requirements for the above-mentioned degree have been met. I understand that the transcript will state "degree to be conferred _____."

Student Signature

Date

School of Graduate Studies Verification

Date

NOTE: Date used will be the date of verification of ALL requirements for degree program including, verification of all grades posted, verification of completed portfolio, comps, etc., signed program of study and overall grade point average (GPA). Without proof of ALL of the requirements for graduation, this letter cannot be processed.

Please allow 5 – 10 business days for processing.

For Graduate Office Use ONLY:

Applied for Graduation: _____	Raised Letter completed: _____
Transcript/GPA OK: _____	Letter Sent to Student: _____
Proof of Comps/Portfolio: _____	Registrar Notified: _____

Graduate Office Verification: _____