

Expected to Graduate Course

Name:

Student ID:

Academic Year :

Semester :

Student signature:

Date : / /

Contact:

CCQ Email:

Does the student work?

No

Yes

Place of Work:

Is the student a Sponsored?

No

Yes

Place of sponsorship:

Official use only

Notes :

Records Staff :

Signature :

Date:

For Advising department

The student completed: Credited (hour/hours) from total accredited hours in the degree plan.

The student is registered in current semester : (hour/hours)

Remaining for the student: (hour/hours) credited hours to complete graduation

Requirements.

Expected Graduation Semester: Academic year

Advisor Name:

Signature:

Date:

program chair(.....
if required)

Signature:

Date:

● Notes

Transcript must be attached with the request.