



Applications due by 5th day of classes

Term: Spring 20____ Fall 20____

Graduation Application

Student ID Number:

Last Name

First Name MI

Please provide your permanent mailing address. If you do not have a permanent mailing address, please provide information for someone who is likely to know your whereabouts and could forward your mail.

Address: _____

City _____ State _____ ZIP _____ Phone (____) _____

- Indicate Major:**
- | | |
|--|---|
| <input type="checkbox"/> Agricultural Business Management | <input type="checkbox"/> Golf Course Management |
| <input type="checkbox"/> Equine Business Management | <input type="checkbox"/> Landscape Management |
| <input type="checkbox"/> General Ornamental Horticulture | <input type="checkbox"/> Sports Turf Management |
| <input type="checkbox"/> Golf Course Construction Management | <input type="checkbox"/> Turfgrass Management |

With the understanding that at the completion of this term, I must have (a) a minimum of 60 earned credit hours, and (b) at least a 2.00 cumulative grade point average; I hereby file this application for graduation.

Signature Date

Name printed as it is to appear on certificate

To be completed by Major Advisor and returned to IAA Office before the 10th day of classes

Please check the records of the above named student and verify with your signature that the student will have satisfied all course requirements for the curriculum option indicated, will have a minimum of 60 earned credit hours and at least a 2.00 cumulative grade point average, pending satisfactory completion of the courses in which the student is currently enrolled.

Preliminary Check

- | | |
|---------------------------------|--|
| All curriculum requirements met | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 60 credit hours | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2.00 minimum GPA | <input type="checkbox"/> yes <input type="checkbox"/> no |

Note potential problems: _____

Advisor Signature Date

Final Clearance Check (The following will be completed by the IAA Office prior to approving graduation.)

- | | Check if cleared |
|--|-------------------------|
| Graduation Requirements
Req. courses _____ Internship _____ Credits _____ GPA _____ | _____ |
| Note problems: _____ | |
| Obligations to Institute instructors
Note problems: _____ | _____ |
| Financial obligations to the University
Note problems: _____ | _____ |

Office Use Only

Date: _____

Initials: _____

Date cleared for graduation: _____ Signature: _____