GRADUATION EVALUATION
Associate and Baccalaureate Programs
(Cannot submit same evaluation for Baccalaureate and Associate Degree)

NAME____________________________________________BANNER ID____________________________

Graduation Semester:  
☐ Fall ________(Year)  
☐ Spring ________(Year)  
☐ Summer ________(Year)  

Recommended Degree:  
☐ BA  ☐ BS  ☐ BBA  ☐ BFA  ☐ BIND  ☐ BM  
☐ BSN  ☐ BTEC  
☐ AA  ☐ AS  ☐ AAS

Completed Earned Hours____________

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

1. Major________________________ Option: _____________________    Minor: ___________________

2. Major ________________________ Option: _____________________    Minor: ___________________

3. Major ________________________ Option: _____________________    Minor: ___________________

Courses needed to fulfill graduation requirements:

Current Semester:               Remaining Courses:
_______________________________________            _________________________________________
_______________________________________            _________________________________________
_______________________________________            _________________________________________
_______________________________________            _________________________________________
_______________________________________            _________________________________________

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

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

Advisor________________________________________________  Date____________________________
Registrar_______________________________________________  Date____________________________

REGISTRAR’S COMMENTS: