

GRADUATE SUMMARY OF COMPLETION FORM

Graduate Records, Registrar's Office, Rendleman Hall, Room 1207 Campus Box 1047, Edwardsville, IL 62026 Phone: 618/650-3167 Fax: 618/650-3332 <u>www.siue.edu/registrar/gradstudentrecords</u>

STUDENT INFORMATION	Studen	nt Name:
Degree:		Student ID#:
1st Major (and Concentration, if ap	pl.):	
2 nd Major/Concentration (if appl.):		
DEPARTMENT SECTION		
1. Exit Requirement Information (i.e. thesis, research paper/project, written/oral exam, portfolio, recital)		
Date:	Time:	Place:
Results of the Exit Requirement:	Passed	Failed
Signature of Faculty Member Authorizing Exam Results:		
3. List any remaining program requ		months / years rudent must complete for graduation.
4. Names of Examining Committee:		Signatures of Examining Committee:
Chair:		
GRADUATE RECORDS SECT	ION	
Term cleared for graduation:		Cumulative Graduate GPA:
		Cumulative diadatae di /i.
Notes:		
Certified by Graduate Records:		Awarded Date: