## **COVENANT UNIVERSITY**

## **COURSE TRACKING & INTENT TO GRADUATE**

## **Extension Campus:**

 IMPORTANT: This form is required of all students intending to graduate in a given school year. It is the student's responsibility to keep track of all courses taken and to notify the STC Campus Director when they feel they have completed all courses & requirements for graduation. Height and weight must be included for proper gown size. Please keep a photocopy for your personal records.

 1. PERSONAL INFORMATION

 TITLE:
 LAST NAME:

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SOCIAL SECURITY #:		MAJOR:		DEGREE LEVEL:	UNDERGRADUATE	
						GRADUATE
						POST-GRADUTE
	WORK PH	ONE:		EMAIL ADDRESS:		
WEIGHT (I	LBS):			YOU WANT YOUR NAME TO APPE	CAR ON YOUR CERTIFICA	TE)
		WORK PHO	WORK PHONE: WEIGHT (LBS): CERTIFICATE NAME	WORK PHONE: WEIGHT (LBS): CERTIFICATE NAME:	WORK PHONE: EMAIL ADDRESS: WEIGHT (LBS): CERTIFICATE NAME:	WORK PHONE: EMAIL ADDRESS:

2. COURS	E INFORMATION						
COURSE #	COURSE NAME:	DATE COMPLETED	EXAM GRADE	PAPER GRADE	FINAL GRADE	CREDITS	DEAN INITIALS
MP	MINISTRY PRACTICUM						
	(Undergraduate & Master's Level Student's Only)						
Course #	MASTER'S STUDENT'S ONLY: ADDITIONAL COURSES TAKEN IN LIEU OF WRITTEN THESIS						
3. SIGNAT	URES						
STUDENT SIG	NATURE: DATE:	DIRECTOR'S SIG	NATURE:			DATE:	
I CERTIFY THA	T THE INFORMATION ABOVE IS CORRECT.	I HAVE VERIFIED	THAT THE	COURSE WO	ORK HAS BE	EN COMPLET	ГED

AND ALL FEES HAVE BEEN PAID.

INFORMATION BELOW IS FOR MAIN CAMPUS REGISTRAR'S OFFICE USE ONLY.					
INITIALS	ð:	INITIALS:	CERTIFICATE PRINTED AND SEAL APPLIED		
	FORM COMPLETED IN FULL WITH BOTH SIGNATURES		COPIES OF TRANSCRIPT AND CERTIFICATE PUT		
	ALL DEGREE/DIPLOMA REQUIREMENTS MET & FEES PAID		IN STUDENT'S FILE		
	CAP & GOWN ORDERED	DEGREE/D	IPLOMA TO BE AWARDED:		
	GOFFICIAL TRANSCRIPT PRINTED & SEALED	Ι			