

WILL GRADUATE: Yes ___ No ___

**AUGUST 2017 GRADUATION CHECKLIST
EDUCATIONAL SPECIALIST**

NAME _____ MSU ID _____

CAMPUS Starkville _____ Meridian _____ Distance _____ (Distance must submit Off-Campus/Non-MSU Research Form)

MAJOR/CONCENTRATION _____ Major Credit Hours _____

Major coursework credits + 6 thesis credits if student is in thesis option

MINOR (if applicable) _____ Minor Credit Hours _____

TOTAL CREDIT HOURS ON PROGRAM OF STUDY _____

Student admitted to current program: Fall _____ Spring _____ Summer _____ Year _____

Student met program and Graduate School requirements in *Graduate Catalog* under which admitted: _____

Student currently enrolled: Yes _____ No _____ Number of hours _____
(Enrollment required if defending thesis, submitting thesis, or taking comprehensive exams.)

GPA (minimum of 3.00) requirement met: Yes _____ No _____

Transfer work: Yes _____ No _____ If yes, number of hours _____ Institution _____
(9-hour maximum; current to student's time limit requirements; transfer process has been completed.)

Unclassified hours: Yes _____ No _____ If yes, number of hours (9 maximum) _____

Number of DIS Hours _____ (3 hours Directed Individual Study required in **Non-thesis Option**), maximum 6 hours allowed)

Thesis Option Number of Thesis/Research hours (6 required) _____

Student must meet Library initial submission deadline of June 29 and final submission deadline of July 21 to graduate August 2017.

Time Limit - Admitted before Fall 2010: 6-YEAR TIME LIMIT (Work before **FALL 2011** is out of date, and student is ineligible to graduate **August 2017**.)

Semester first course taken _____

Time Limit - Admitted Fall 2010 and after: 8-YEAR TIME LIMIT (Work taken before **FALL 2009** is out of date, and student is ineligible to graduate **August 2017**.)

Semester first course taken _____

COMPREHENSIVE EXAM\THESIS DEFENSE
Exam/defense must take place by **JUNE 23 deadline**
for August 2017 graduation.

Passed _____ Date _____

Failed _____ Date _____

STUDENT HAS MET ALL REQUIREMENTS FOR AUGUST 2017 GRADUATION Yes _____ No _____

Graduate Coordinator's Signature _____

FOR OFFICE OF GRADUATE SCHOOL USE ONLY

THESIS FEE: YES _____ No _____ **THESIS SUBMITTED:** YES _____ No _____ **ALL FINAL GRADES RECORDED:** YES _____ No _____

AUDIT COMPLETED: DATE _____ BY _____ **CLEARED:** Yes _____ No _____ DATE _____ BY _____