



Trinity

GRADUATION AUDIT FORM

College: BGS CAS

EDU NHP SPS

Student Name:		Graduation Semester & Year:	
Power Campus ID:		Major:	
Degree (e.g. BA):		Minor:	
Cumulative GPA:		Total Credits Required in Degree Plan:	

All Trinity & Consortium courses in the Current Semester :	College/Institution	Credits
Total Pending Semester Credits:		
All Outstanding Degree Requirements (including CLEP, AP, & potential transfer credits):	College/Institution	Credits
Total Outstanding Credits:		
Senior Comprehensive Assessment: <input type="checkbox"/> In Progress (included in Senior Seminar) <input type="checkbox"/> In Progress (not included in Senior Seminar) <input type="checkbox"/> Completed	Total Semester and Outstanding Credits:	
	Total Cumulative Credits Earned:	

Degree Plan Waivers	Approved By Whom	Date Approved

NOTES (including request to remove minor, residency requirement status, etc.):

With regard to the annotations above, I certify that this student:

HAS MET **WILL MEET** **HAS NOT MET** the degree program requirements.

Advisor's Printed Name: _____

Advisor's Signature: _____ Date: _____

This document has been reviewed, exceptions noted, and the Graduation Audit Form is approved.

Dean's Signature: _____ Date: _____

Registrar Confirmation: _____ **Date:** _____

Registrar Use Only: Date Received: _____ **Entered by:** _____ **Date:** _____