



Undergraduate Pre-Certification Form

Name: _____ **Student ID #:** _____
Last First Middle

Major: _____ **2nd Major:** _____ **Minor/Option:** _____

Catalog Year: _____ **Anti Grad Date:** _____ **Advisor:** _____

Student Email: _____

Student's Phone: (Local) _____ (Perm) _____

Current Semester (specify) _____

Future Semester (specify) _____

Future Semester (specify) _____

Course #	Course Name	Credits

Course #	Course Name	Credits

Course #	Course Name	Credits

Credits earned at time of review _____

Credits remaining to graduate _____

Total credits required for program _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Residency credits (60 min) | <input type="checkbox"/> Major requirements met at PhilaU (12 min) | <input type="checkbox"/> 2nd Major requirements met at PhilaU |
| <input type="checkbox"/> Minor requirements met at PhilaU | <input type="checkbox"/> College Studies requirements met at PhilaU | <input type="checkbox"/> Cumulative GPA must be 2.0 or better |
| <input type="checkbox"/> Any outstanding I, N/C, TR or F grades: | | <input type="checkbox"/> PE requirements met |

Course Name _____

Course Name _____

Course Name _____

**Note: Pre-certification should match the student's academic record in Degree Audit.
 Any amendment to the student's curriculum requirements should be attached.**

Student's Signature

Date

Advisor's Signature

Date

Certifying Officer's Signature

Date

Distribution: Advisor file, Student, Cert. Officer, Office of the University Registrar