

This form is submitted by students who would like to participate in this semester's School of Education Graduation Ceremony, **but will be six or fewer credits shy of meeting the graduation requirement**. With verification from your advisor that you have six or fewer hours to complete for graduation, you will be eligible to participate in the SOE graduation festivities. Please have your advisor sign off on the form and submit the completed form to Ms. Danielle Cosby in the School of Education Dean's Office, Oliver Hall, Room 2090.

Semester (check one): Fall	_Spring	Year
Name		V-Number
Mailing Address		
Major		
Phone	Degree	
Email Address		
Overall GPA Major GPA		
Total hours of VCU coursewo	ork completed	d by graduation date
Total hours of transfer cours	ework comple	eted by graduation date
During the summer I will be taking the	e following co	ourse credits:
	•	d is accurate and supports the student's 's diploma presentation ceremony.
Advisor's Signature Date		
Approved:		
Tomika Ferguson, Ph.D. Assistant Dean for Student Affairs & Inclusive	re Excellence	Date