



SAMPSON COMMUNITY COLLEGE

*A member institution of the North Carolina Community College System
Established 1967*

POST OFFICE BOX 318
HIGHWAY 24 WEST
CLINTON, NC 28329-0318
PHONE: (910) 592-8081
FAX: (910) 592-8048
www.sampsoncc.edu

Verification of Graduation Requirements

This verification form must be completed by the Department Chair and submitted to the Registrar. Please evaluate the most current Graduation Readiness Summary and submit Course Substitution Requests that have not been previously approved and attach any necessary course waiver letters signed by the VP of Academic Affairs.

STUDENT INFORMATION			
Student ID#		Date Form Completed	
First Name		Curriculum Program	
Last Name		Type	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate
The student has completed all course requirements for graduation:			<input type="checkbox"/> Yes <input type="checkbox"/> No

If the student has not completed requirements for graduation, please list the course(s) required for graduation and verify the student is currently enrolled.

COURSES NEEDED FOR GRADUATION	
COURSE NAME	CURRENTLY ENROLLED
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No

VERIFICATION SIGNATURE	
I have reviewed the student's transcript and graduation readiness summary and I expect the student to fulfill requirements by _____ semester.	
Department Chair Signature	Date

TO BE COMPLETED BY THE REGISTRAR	
<input type="checkbox"/>	Approved for Graduation
<input type="checkbox"/>	Approved for Graduation pending completion of current semester
<input type="checkbox"/>	Not Approved
<input type="checkbox"/>	Paid
Registrar Signature	Date