

Graduation Check Request Form for Undergraduate SOE Student

Date: _____

Name: _____

KUID: _____

Current Address: _____

Department: HSES T&L **Major:** _____

Teacher Education Certification Level (for students **admitted prior to Fall 2004**):

Elementary Only Elementary/Middle Middle/Secondary Middle Only Secondary Only

SPED minors need to state which emphasis you are pursuing.

Teacher Education Certification Level (for students **admitted as of Fall 2004**):

Elementary (K-6) Middle Level (5-8) Secondary (6-12)

Advisor: _____ **Athletes:** Who is your athletic advisor? _____

Semester you intend to graduate (BSE) _____

(For students in Teacher Ed., this **does not include your 5th year**)

Signature _____

E-mail Address _____

You will be notified via e-mail when your graduation check has been completed. It is extremely important to **pick up your copy** in the SOE Welcome Center, 208 JRP, once you have been contacted.