2nd Baccalaureate Degree Program
Graduation Application

Last Name	First Name	Middle Name	Student ID Number

Expected Semester/Year of Graduation

☐ Fall ☐ Spring ☐ Summer 20_____

Degree Objective

☐ BA ☐ BS ☐ BM

Major: _____ Emphasis (if applicable): _____

Requirement (Bulletin) Term _____

- Only list courses constituting the **Major Program**
- Include courses In Progress
- Only list courses that received a passing grade
- An Advisor should indicate a minimum acceptable grade for course work (including In Progress) in the major program. **If course is a substitution, list original Dept. & Number.**

Institution	Dept. & Number	Title	Term	Units	Grade

Residency Requirement

All students must complete a minimum of 12 units in residence at SF State.

Initial here

Advisor must initial the box if met →

Upon satisfactory completion of the above major program (as well as the general graduation requirements per Title 5 of the California State Administrative Code and the official University Bulletin), I certify the above identified student is eligible for award of the Major as listed above.

Advisor Name: _____ **Date:** _____

NOTE: This form is only valid if submitted by the Advisor listed above.
It must be sent, via that Advisor's official SF State employee's email account, directly to regweb@sfsu.edu.

RESET