**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**BACHELOR OF SCIENCE ELEMENTARY EDUCATION K-8**

\_\_\_\_ Elementary Education K-8

**ASSOCIATE OF ARTS DEGREE:**

**GENERAL STUDIES**

**\_\_\_\_**Liberal Arts \_\_\_\_ Math

\_\_\_\_Native American Studies \_\_\_\_ Studio Arts

\_\_\_\_ Cree Language

**TEACHERS EDUCATION**

\_\_\_\_\_ Elementary Education \_\_\_\_\_ Early Childhood

**ASSOCIATE OF SCIENCE DEGREE:**

**APPLIED SCIENCE**

\_\_\_\_\_General Science \_\_\_\_\_Allied Health

**HUMAN SERVICES**

**\_\_\_\_**Addiction Studies \_\_\_\_\_ Rural Public Health

**BUSINESS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | General Business Option |  | Office Administration |  |  |  |

**COMPUTER SCIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Information Systems Option |  |  |

**NATURAL RESOURCES STUDIES**

**\_\_\_\_\_** Natural Resource/Geospatial Tech

**ASSOCIATE OF SCIENCE DEGREE PROGRAM**

\_\_\_\_\_Native American Art with Emphasis on Chippewa Cree Art

**CERTIFICATE OF COMPLETION:**

\_\_\_\_ Building Trades (1yr) \_\_\_\_ Building Trades (2 yr) \_\_\_\_\_Pre Nursing (1 yr)

\_\_\_\_ Accounting (1 yr) \_\_\_\_ Information Management (1yr) \_\_\_\_\_ Rural Public Health

\_\_\_\_ Pre Engineering (1yr) \_\_\_\_\_Native American Art w Emphasis on CC Art

**ENDORSEMENTS:**

**\_\_\_\_** Certified Nursing Assistant ( 1 semester) \_\_\_\_ Historical Trauma \_\_\_\_Peer Mentoring

TO BE COMPLETED BY THE ADVISOR:

\_\_\_\_ The student has completed all of the requirements for the certificate or degree checked.

\_\_\_\_ The student is lacking the following requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dept.** | **Number** | **Course Title** | **Sem. Crs** | **To Be Completed:**  **Semester Year** | |
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\* Enrollment Of More Than 20 Credits Requires Registrar’s Approval

Advisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE COMPLETED BY THE REGISTRAR:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | Semester Credits | | | |
| Credits Transferred From: |  | |  | | | |
|  |  | |  | | | |
|  | Credits Currently Enrolled In: | |  | | | |
|  | Total Credits Earned At Stone Child College: | |  | | | |
|  | Total Credits: | |  | | | |
| Cumulative GPA: |  | Recommended for Degree/Cert. |  | Yes |  | No |

Registrar’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Students Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Academics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT EVALUATION RECORD**

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| --- | --- | --- | --- |
| Name: |  | Social Security No: |  |

**TRANSFER CREDITS ACCEPTED: (If none, type NONE)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dept #** | **Course Title** | **Semester**  **Credits\*** | **Semester**  **Grade** | **Semester**  **/Year** | **Institution** |
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| **Total Transfer Semester Credits** | | 0 |  |  |  |

\* If any credits were taken under a quarter system, they must be converted to semester credits before entering them into this column.

Advisor’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Student Services Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Academics Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT EVALUATION RECORD**

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| Name: |  | Social Security No: |  |

**COURSES WAIVED:** (If none, type NONE)

|  |  |  |
| --- | --- | --- |
| **Course Waived** | **Sem**  **Crs** | **Reason Waiver Requested\*** |
|  |  |  |
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| **Total Waived Credits** | 0 |  |

Advisor’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Student Services Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Academics Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* Petitions must be filed with Registrar - see catalog for waiver procedures.

**Graduation papers must be finalized by January 31st.**

All graduates are required to take a Post COMPASS Test, schedule with the Student Services Office.

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| --- | --- | --- | --- | --- |
| Authorization to include name on graduation program, newspapers, etc.? |  | Yes |  | No |
| Participate in graduation ceremonies? |  | Yes |  | No |
| Graduates participating in graduation ceremonies answer these. |  | Weight |  | Height |
| Extra Tassel (extra cost)? |  | Yes |  | NO |

|  |  |  |  |
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Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Student Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Academics; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT EVALUATION RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Social Security No: |  |

**COURSE SUBSTITUTIONS ACCEPTED: (If none, type NONE)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Required Course**  **Number Title** | **Sem**  **Crs\*** | **Substituted Course**  **Number Title** | **Sem**  **Crs** | **Sem**  **Grd** | **Institution** |
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| **Total Transfer Semester Credits** | | 0 |  |  |  |

\* If any credits were taken under a quarter system, they must be converted to semester credits before entering them into this column.

Advisor’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Student Services Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean of Academic Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_