Revised
June 2014

GRADUATION VERIFICATION FORM

Student: Complete the top shaded area **ONLY** and submit all forms to your Program Coordinator.
Coordinator: Current checksheet must be filled out and included to be processed.

Name: _____ **Projected Completion Term:** _____

Social Security #: _____-____-_____ **Student ID#** _____

If you have transfer credit, please list schools below:

_____ _____
College/University name: College/University name:

Title of Degree	*Academic Plan Code #:	Approve Recommended	Conditional Approval	Not Approved
_____	_____	☐	☐	☐
Diploma(s)				
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
Certificate(s				
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐

**Plan Code numbers may be found at: www.ashland.kctcs.edu. Select: Academics, Program of Study, Academic Plan Codes*

Please specify which classes are required for which credentials.

Credential	Class Name	Credential	Class Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Degree and Diploma Applicants

☐ 25% of required credits at ACTC ☐ GPA 2.00 ☐ ETS® Proficiency Profile
---------- *(For Degree and Diploma Applicants)*----------

Evidence of College Level Reading Competency: ☐ ACT Reading score of 18 or above, ☐ successful completion of 30RDG, ☐ COMPASS Reading score of 81 or above, ☐ ASSET Reading score of 42 or above, ☐ TABE Reading score of 12.9 or above ☐ Transfers with a 2.0 in 12 hours of Gen Ed meet the reading requirement.

NOTE: Program Coordinator: Review the student's graduation information, complete this form, sign and submit all of the students graduation information to the Student Affairs Admissions Office.

I have reviewed this student's records. I verify the above recommendations are accurate if the student successfully completes any course work listed above by the end of this semester.

Program Coordinator's Signature: _____ **Date:** _____

FOR GOTS ONLY: GOTS Coordinator's Signature: _____ **Date:** _____