



COASTAL CAROLINA UNIVERSITY
Office of the Registrar

Degree Certification

Date _____

Catalog Year _____

I certify that I have examined, or have had examined by my designee, the college work of _____
Name of student

_____, and that this student will have completed all requirements for a _____
Student ID number B.A., B.S., etc.

degree in _____ by _____, providing the following
Major Month/Year
course(s) are completed with a minimum of the grade specified.

A minimum GPA of 2.000 or higher must be obtained. The minimum earned hours are determined by the degree (120 earned hours is the university minimum). List only courses/grades required for minimal satisfaction for degree requirement. For example, list two (2) hours elective in lieu of one (1) hour physical education, one (1) hour theater, etc.

| Department | Course number | Course title | Minimum grade required |
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Comments _____

Signature of adviser _____ Date _____

Signature of department chair _____ Date _____

Signature of dean of major _____ Date _____

Final responsibility for satisfying degree requirements, as outlined in the *University Catalog*, rests with the student. I understand that all the above requirements must also be completed as specified by the date indicated in order to graduate and participate in the upcoming commencement exercises.

Signature of student _____ Date _____