



OFFICE OF THE DEAN

Kingston, RI 02881 USA

Quinn Hall, 55 Lower College Road, Suite 3, Kingston, RI 02881 USA

p: 401.874.2244

f: 401.874.2581

uri.edu/chs

**PLEASE READ CAREFULLY!** \*\*Improperly filled out audits will not be processed and will be returned student\*\* 1. Fill out this form completely.

2. Read and initial Graduation Checklist
3. Meet with your advisor or department chair to review your progress and fill out a curriculum worksheet.
4. Have your advisor or department chair sign your curriculum worksheet and this form. **Signature is required!**
5. **Return signed curriculum worksheet and this signed form to the College of Health Sciences, Dean's Office, Quinn 110 by the specified date.**

When will you be **COMPLETELY** done with all your degree requirements (Please Specify Year)?

**Deadlines:** May \_\_\_\_\_ August \_\_\_\_\_ December \_\_\_\_\_  
October 1<sup>st</sup> November 15<sup>th</sup> April 15<sup>th</sup>

**Name:** \_\_\_\_\_  
Last First

**Student ID Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Active Email Address:** \_\_\_\_\_  
**\*\*Please use an email address that you regularly check, your degree audit will be emailed to you\*\***

**Mailing Address:**

Street & Number Town State Zip

**Advisors Signature:** \_\_\_\_\_

**Major:** Please check major and sub plan (if applicable)

- Communicative Disorders**
- Human Development & Family Studies:**  Teacher Certification  Child Settings  Family & Community  Family Financial
- Kinesiology:**  Teacher Cert.  Applied Exercise Science  Pre-professional Exercise Science  Youth Movement  Early Contingent PT
- Health Studies**  Global & Environmental Health  Health Promotion  Health Services
- Nutrition**  **Dietetics**
- Psychology**  **BA**  **BS**

**Minor:** \_\_\_\_\_

Signed forms **MUST** be handed in to the HSS Dean's Office by the start of your final semester or minors **may not** be listed on your final transcript.

**Catalog Year you are using\*** \_\_\_\_\_ It is the responsibility of the student to be familiar with the requirements outlined in the catalog they are following and to confirm that they have met these requirements.

**Students must have a 2.0 cumulative GPA or higher and must complete the minimum number of credits required for their degree, as well as all major requirements. All College of Health Sciences degrees require 120 credits or more. It is the responsibility of the student to be familiar with AND meet all the requirements outlined in the catalog for your specific major. Your signature below indicates that you are familiar with and are meeting all your program requirements.**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Graduation Checklist

Review and initial each line.

Checklist needs to be handed in with Intent to Graduate forms.

THINK BIG WE DO™



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- I have checked my transcript to ensure that I will have completed the minimum number of credits required for graduation (at least 120) and that my overall GPA is at least a 2.0.
- I have checked my transcript to ensure that I will have the minimum number of major credits and supporting electives required for my major.
- I have filled in the General Education courses on my curriculum worksheet (ex. ENG 243) with approved courses from the General Education booklet.
- I have completed and attached any course waivers or modification forms with the required signatures.
- I have handed in a signed minor form (skip this step if you are not completing a minor).
- I understand that if I choose to take classes at another institution, I am responsible for requesting that an official copy of the transcript be sent to the CHS Deans Office. I also understand that if the transcript does not arrive before degree conferrals take place that I may be moved to a later graduation date.
- I have checked my transcript for any Incompletes and NW grades. I understand that if I choose to complete these classes, it is my responsibility to contact the professor. I understand that grade changes must be received before degree conferrals take place or I may be moved to a later graduation date.
- I have checked my transcript to ensure that any classes that I added or dropped late were added or dropped from my transcript.
- I have checked my transcript to ensure that I will have completed 42 credits of 300/400 level classes before graduation. (Psychology BA students only).
- I have made sure to compare my graduation requirements to the catalog year that I have indicated on my Intent to Graduate form.
- I understand that it is my responsibility (not my advisors) to hand in all signed forms to the **CHS Dean's** office by the specified deadlines. Handing forms in late may delay my audit.

By signing this form, I agree that I have read the above and that failure to comply with these terms may result in being moved to a later graduation date than the one for which I have applied.

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Student Signature

Date