Section I: Student Information

Student Name ____________________________________________  Student ID # N __________________________

Student’s current major:________________________________________  Student’s current minor (if applicable):___________________

Note: If student is a double major, please complete a separate graduation contract for each major.

Total cumulative credit hours attempted to date:______________ Total cumulative credit hours earned to date:_________________

Number of remaining credit hours required for student to complete their degree (include current term): ___________________________

Expected graduation term:___________ year: _____________  Current Term: __________________________________________

Section II: Coursework Remaining  - Include current term courses that are degree applicable.

Use your Osprey Map and/or your Degree Evaluation to determine what required coursework you have remaining to complete your degree. List these courses below (attach additional pages, signed by advisor, if needed). Your advisor or program director must check for accuracy before signing.

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Expected Term of Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX: ABC1234</td>
<td>3</td>
<td>Fall 2017</td>
</tr>
</tbody>
</table>

Section III: Additional Advisor Comments  Attach additional signed pages as needed.

__________________________________________________________________________________________

__________________________________________________________________________________________

Section IV: Required Signatures

This contract is binding. Incompletes, withdrawals, course failures or failure to meet minimum SAP GPA requirements from this point forward will result in a breach of this contract and doing so will result in the student being immediately returned to Financial Aid Suspension. By signing below, the student and advisor certify that they have met and agree upon the information provided on this contract. The student further agrees to abide by this contract and acknowledges that failure to comply with this contract, including changing majors or adding minors, will impact their ability to receive financial aid.

Advisor/Program Director Signature __________________________________________  Advisor/Program Director Name (please print) __________________________  Date ________________

Student Signature __________________________________________  Date ________________

Submit this Graduation Contract along with your SAP Appeal to One-Stop Student Services

Allow 15 business days from the date you submit all of the required forms and documentation. Failure to provide sufficient information or documentation will result in delays in processing.

Received By: _______ ___________  Date: ________________  Revised: 11/16/16  (904) 620-5555 (p)  (904) 620-2414 (f)