GRADUATION AUDIT CERTIFICATION

Name: _______________________________________________ C Number: _______________

Email Address: _________________________________ Telephone:_______________________

Expected Graduation Term: (circle one) December/May/August

Graduation Audit Certification and Self-Audit forms are due in the Registrar’s office.
Deadlines:

| October 12th 2018 | May and August Grads |

Students who do not submit both forms and an unofficial transcript will have holds placed on their accounts preventing them from registering for their final semester.

I certify that I understand the following:

___ Upon successful completion of this semester I will have a total of: _____credits
___ In order to obtain my JD degree I must successfully complete one professional responsibility course, one skills course, and two upper level writing courses.
___ There are _____ credits of “I” (incomplete) or “NG” (no grade) currently on my record.
   Based on the deadlines below, I will resolve all Incomplete or No Grade work or those credits will not be counted toward my 88 credits or graduation requirements.
___ I acknowledge that in the final semester of law school all written work must be completed by:
   o The last day of classes if I am making up an incomplete from a prior semester, or
   o The last day of exams if I am completing an assignment given during the final semester of law school.
___ I acknowledge these forms should only be used to audit and to confirm I understand the requirements for my Juris Doctor degree, not my joint degree. If I am enrolled in a joint degree program, I have met or will meet with the director of that program to confirm my joint degree requirements.

I plan on taking the following bar upon graduation ______________________________ 
___ If I am taking the New York Bar I have read and understand the NY skills requirement

Upon successful completion of In Progress and Incomplete coursework, there are _____credits remaining to satisfy all JD graduation requirements.

I understand that not completing work pursuant to the deadlines above and satisfying all graduation requirements will impair or prevent my ability to graduate or sit for a bar exam.

I certify that I have read and understand all JD graduation requirements and I am aware of the necessary steps to complete my degree.
Signature: ___________________________________________ Date: _____________

Registrar Office use only:
Date Received: ______________ Initials: _______