

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 30 | May and August Grads |
| April 1 | December Grads |

Certifications must be submitted with completed Self-Audit form (available at www.law.miami.edu/registrar) and an unofficial transcript (available through CaneLink). 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 law 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.

Upon successful completion of In Progress and Incomplete coursework, there are ___ **credits remaining** to satisfy all **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: _____