

THE GRADUATE SCHOOL  
Southern University and A&M College  
Baton Rouge, Louisiana

## GRADUATE SCHOOL ACCESS AUTHORIZATION FORM

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(This form **MUST** be completed by the STUDENT, ADVISOR and DEPARTMENT CHAIRPERSON.)

By affixing my printed name and signature herein, I hereby authorize the Graduate School to access and obtain copies of my official academic record (transcripts, etc.) as needed.

<b>Student's Name (printed)</b>	
<b>Student's Signature</b>	
<b>Date</b>	

We, the undersigned, certify that the student's academic record has been thoroughly evaluated and that all degree requirements have been met, including the following:

1. The student has NO MORE THAN two (2) grades below "B" on the official transcript.
2. The student DOES NOT had a grade of "D" or "F" in any coursework completed that may be used to satisfy degree requirements and has a minimum of 3.0 grade point average on all graduate course work.
3. The student DOES NOT have any courses applied toward graduation which exceed the statute of limitations (7 years for master's and 8 years for doctoral).
4. The student WILL meet the course requirements detailed in the Plan of Study, including courses currently enrolled in.
5. The student has made sufficient progress toward completion of the thesis, dissertation, final project/report to warrant consideration for graduation in (semester and year of graduation) \_\_\_\_\_

<b>Department</b>			
<b>Advisor's Name (printed)</b>		<b>Advisor's Signature</b>	
<b>Department Chairperson's Name (printed)</b>		<b>Chairperson's Signature</b>	