



GELC DEGREE GRADUATION / CERTIFICATE PROGRAM COMPLETION APPROVAL APPLICATION

Name (*PRINT*) _____ Bronc ID#: _____

Phone No. _____ Email (*other than Rider*) _____

Permanent Address: _____

INDICATE GRADUATION DATE: *J-TERM* ____; *MAY* ____; *SUMMER I* ____; *SUMMER II* ____; *DECEMBER* ____ YEAR 20____

ARE YOU GRADUATING FROM A DEGREE PROGRAM or A CERTIFICATE PROGRAM? (Check One)

Degree Program** _____ Certificate Program _____

NAME OF PROGRAM YOU ARE ENROLLED IN (Indicate Concentration if applicable):

DEGREE PROGRAM GRADUATES (Check Degree):

Doctor of Ed. Lead (ED.D.) _____ Educational Specialist (ED.S.) _____ Masters of Art (MA) _____
Masters of Art in Teaching (MAT) _____

If you are also receiving a Certificate in addition to your Degree at this time, indicate the certificate(s):

CERTIFICATE PROGRAM COMPLETERS (Indicate Certificate):

DO YOU CURRENTLY HAVE AN OUTSTANDING "S" grade? YES ___ NO___ If Yes, list the course no. & semester :

[Note: All "S" grades must be finalized by the end of the current semester or graduation will be delayed until the following semester or in the semester that the course is finalized]

DID YOU RECEIVE TRANSFER CREDITS? YES ___ NO___ TOTAL NUMBER OF TRANSFER CREDITS _____

LIST THE REMAINING COURSES NEEDED TO COMPLETE YOUR PROGRAM:

COURSE NO. & COURSE TITLE SEM. & YEAR

WHAT WAS YOUR UNDERGRADUATE MAJOR _____

UNDERGRADUATE GPA _____ GRADUATION DATE _____

NAME OF COLLEGE/UNIVERSITY _____

STUDENT SIGNATURE	Date
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****IMPORTANT DEGREE PROGRAM GRADUATES:** *If you are graduating from a degree program, you must also complete the Rider on-line degree application, which is in your MyRider.*

For Office Use Only: (Rev: 9/1/19)	
Met All Program Requirements: YES ___ NO ___	Program Director Approval: YES ___ NO ___
Academic Coordinator Approval: _____	Department Chair Approval: YES ___ NO ___