

CAMDEN COUNTY COLLEGE
GRADUATION RECOMMENDATION FORM

NAME OF STUDENT _____ STUDENT I.D.# _____

GPA _____ DATE REVIEWED _____
(A 2.0 is required for graduation)

PROGRAM CODE (ie BUS.AS) _____

PLEASE CHECK ONE

1. Student should graduate upon successful completion of current course work. _____
2. Student should graduate upon successful completion of current course work and successful completion of next semester's course work. _____

Semester of Completion

Fall _____
Spring _____
Summer _____

Courses to Complete

3. PROGRAM COORDINATOR/ADVISOR COMMENTS:

I have read the above and understand the action being taken:

(Program Coordinator/Advisor's Signature)

(Student's Signature)

(Print Program Coordinator/Advisor's Name)

Date: _____