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                Courses to Complete
Fall      ______
Spring    _____
Summer    ______

3. PROGRAM COORDINATOR/ADVISOR COMMENTS:

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

____________________________________
(Student's Signature)  
Date:__________________________

____________________________________
(Program Coordinator/Advisor's Signature)

____________________________________
(Print Program Coordinator/Advisor’s Name)

Updated: 2/26/08