

Kenyon College

Graduation Requirement Review – Note: This review is not official until approved by the Registrar’s Office

Last _____ First _____ Middle _____ ID Number _____
Name on diploma is printed as it appears on your academic transcript.

Kenyon E-mail address _____ Expected semester of graduation (Fill in year) Fall _____ Spring _____

Failure to complete and submit the Graduation Requirement Review form will result in a students’ academic standing being in jeopardy for the purpose of Kenyon’s Parental Notification. The Dean for Academic Advising and Support will make any notifications. In addition, a hold will be placed and students will not be able to register for the upcoming semester.

By signing this form, I understand that meeting the graduation requirements are solely my responsibility.

Student signature _____ Date _____

Date degree evaluation was generated: _____

Requirement	Total Completed	Remaining	8 units/64 semester hours on a letter grade basis required
16.00 units/128 semester hours required to graduate	Including current enrollment		
2.0 minimum cumulative GPA _____			
Requirement	Completed		Remaining
Fine Arts Division 1.00 unit/8 semester hours in one of these departments: ARTS/ARHS, MUSC, DANC/DRAM/FILM			
Social Sciences Division 1.00 unit/8 semester hours in one of these departments: ANTH, SOCY, ECON, HIST, PSCI			
Natural Sciences Division 1.0 unit/8 semester hours in one of these departments: BIOL, CHEM, MATH/STAT, PHYS, PSYC, NEUR			
Humanities Division 1.0 unit/8 semester hours in one of these departments: CLAS, CWL, ENGL, MLL, PHIL, RLST, IPHS 113Y-114Y			
Second Language requirement One year of language study or equivalent proficiency			
Quantitative Reasoning 0.50 unit/4 semester hour QR course			
9 units/72 semester hours outside one major discipline or 7 units/56 semester hours outside multi-discipline major.	Total credits _____ - credit in major _____ = credits outside of major _____ Remaining _____		

If you have a second major, you will need to submit an additional sheet with the appropriate signatures. LIST ALL COURSES COMPLETED, CURRENTLY ENROLLED IN AND ALL FUTURE COURSES YOU INTEND TO TAKE TO FULFILL THE MAJOR REQUIREMENTS.

Major _____ Major GPA _____ Total required number of courses for major _____

Subject/Course Number	Course Title	Currently enrolled	Completed	Need to complete	Term/Year	Department Chair Use Only Fulfills What Major Requirement?

Major Department Approval

By signing below, I certify that the student will have satisfied the departmental requirements for the major by completing the plan listed above and that we have reviewed their degree evaluation with them.

Department Chair name (please print) and signature _____ Date _____ Advisor name (please print) and signature _____ Date _____

REGISTRAR'S OFFICE USE ONLY	ADVISOR/CHAIR NOTES
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