



# Life Christian University

## COURSE TRACKING & INTENT TO GRADUATE FORM

GRADUATION DATE: \_\_\_\_\_

CAMPUS CODE: \_\_\_\_\_ - \_\_\_\_\_

**IMPORTANT:** This form is required of all students intending to graduate in a given school year. It is the student's responsibility to keep track of all courses taken and to return this form to the Campus Director at least 8 weeks before graduation. (List all courses that will be completed by graduation.) **Gown information must be included for proper gown size.** Please keep a photocopy for your personal records.

### 1. PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE
<b>REQUIRED FOR GOWN:</b> HEIGHT – FT: _____ IN: _____ <input type="checkbox"/> \$35 CAP & GOWN FEE PAID WEIGHT – CHOOSE YOUR WEIGHT RANGE (SEE ATTACHED CHART) <input type="checkbox"/> "A" <input type="checkbox"/> "B" <input type="checkbox"/> "C"			<b>CERTIFICATE NAME</b> (INDICATE <b>EXACTLY</b> HOW YOU WANT YOUR NAME TO APPEAR ON YOUR CERTIFICATE)			
EMAIL			MAJOR (IF OTHER THAN THEOLOGY)			
HOME PHONE		WORK PHONE	LCU LEVEL <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES <input type="checkbox"/> ADVANCED DIPLOMA <input type="checkbox"/> BACHELOR'S <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORATE AUDIT STUDENT LEVEL <input type="checkbox"/> YEAR 1 <input type="checkbox"/> YEAR 2 <input type="checkbox"/> YEAR 3 <input type="checkbox"/> YEAR 4 <input type="checkbox"/> YEAR 5 <input type="checkbox"/> YEAR 6 <input type="checkbox"/> YEAR 7			

### 2. COURSE INFORMATION

COURSE#	COURSE NAME	DATE COMPLETED	LETTER GRADE	CREDITS	DIRECTOR'S VERIFICATION
<b>MP</b>	<b>MINISTRY PRACTICUM</b> (Undergraduate & Master's Level Students Only)				
COURSE#	MASTER'S STUDENTS ONLY: ADDITIONAL COURSES TAKEN IN LIEU OF WRITTEN THESIS	DATE COMPLETED	LETTER GRADE	CREDITS	DIRECTOR'S VERIFICATION

### 3. SIGNATURES

STUDENT SIGNATURE _____	DATE _____	DIRECTOR SIGNATURE _____	DATE _____
I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT.		I HAVE VERIFIED THAT THE COURSE WORK HAS BEEN COMPLETED & ALL FEES PAID.	

HEIGHT	WEIGHT RANGE "A"	WEIGHT RANGE "B"	WEIGHT RANGE "C"
4'10" – 5'0"	Up to 159	160-219	220-280
5'1" – 5'3"	Up to 179	180-239	240-300
5'4" – 5'6"	Up to 199	200-264	265-330
5'7" – 5'9"	Up to 229	230-294	295-360
5'10" – 6'0"	Up to 259	260-329	330-400
6'1" – 6'3"	Up to 284	285-354	355-425
6'4" – 6'6"	Up to 309	310-384	385-460
6'7" – 6'9"	Up to 329	330-404	405-480
6'10" – 7'0"	Up to 349	350-429	430-510