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| **Academic Advisor Expected Graduation Confirmation Template** | | | | |
| **Applicant Instructions**:   * + - 1. In the cells below, provide all courses in which you are currently enrolled.       2. Send the document to your Academic Advisor and ask him/her to complete the steps in the Academic Advisor Instructions section below.       3. Once your Academic Advisor has returned this form, save the document as a PDF file. Include your first and last name with Graduation Confirmation in the title.       4. Include this PDF file with the other application requirements in the zipped file required for the application email. | | | | |
| Applicant’s Name: | Type first name here Type last name here | | | |
| **In-Progress Coursework** | | | | |
| **Course number and title** | | | Current course grade | |
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| **Academic Advisor Section** | | | | |
| **Academic Advisor Instructions**:   1. Review the applicant’s in-progress course lists above. 2. If the course list is accurate and meets the applicant’s graduation requirements, confirm in the signature block below. 3. Send the completed document back to the applicant and explain if the applicant is on pace to meet DPD verification statement requirements. 4. Please email the selection committee at [msan@semo.edu](mailto:msan@semo.edu) if you would like to provide any additional comments about the applicant:    1. This is completely optional    2. If you choose to provide a comment, please provide the applicant’s name in the subject line of the email    3. It would be beneficial for our selection committee if you can provide additional comments to help us evaluate the applicant’s ability to complete the MSAN program    4. Ideas for comments that may be beneficial:       1. Areas of concern/weaknesses       2. Strengths/ unique characteristics | | | | |
| Advisor’s name: | Type first name here Type last name here | | | |
| Institution: | Click or tap here to enter text. | | | |
| Division/Department: | Click or tap here to enter text. | | | |
| Address: | Click or tap here to enter text. | | | |
| Phone number: | Click or tap here to enter text. | | | |
| Email Address: | Click or tap here to enter text. | | | |
| Provide an electronic signature in the cell below to certify all information on this template.  **By signing this document you acknowledge and confirm the following to the best of your knowledge**:   * The applicant is enrolled in the courses listed above. * After successfully completing these courses, the applicant will meet all criteria required to graduate from this program. * Selection committee members may contact you for confirmation of the materials provided in this applicant’s materials. | | | |
| Type your full legal name in the field below or insert an image of your electronic signature to sign: | | Date: | |
| Click or tap here to enter text. | | Click or tap to enter a date. | |