

**Degree Completion Verification  
EASTERN KENTUCKY UNIVERSITY  
The Office of Graduate Education and Research  
622-1745**

Advisee \_\_\_\_\_ I.D. \_\_\_\_\_

YES NO

\_\_\_ \_\_\_ Advisee has scheduled comprehensive examination.

\_\_\_ \_\_\_ Advisee has taken comprehensive examination.

\_\_\_ \_\_\_ Substitutions, transfer of credit from other institutions, or exception to university policies have been submitted and approved by Graduate School.

\_\_\_ \_\_\_ Substitutions and exceptions need to be made to the planned program.  
I have attached the College Exception Form.

***\* Student's who have an incomplete must have a change of grade form submitted to the Records Office. Students who have incomplete grades will not be awarded until the following semester.***

**OUTSTANDING REQUIREMENTS :**

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I have reviewed the above referenced advisees Degree Works and degree requirements.

**Advisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_