

**Nicholls State University  
University Academic Policies and Standards  
Academic Appeal Graduation Verification Form**

If you are within 24 hours of graduation, submit this form along with your appeal packet. This form must be filled out by your Academic Advisor.

Student's Name \_\_\_\_\_ N# \_\_\_\_\_

This document is to verify that \_\_\_\_\_ has \_\_\_\_\_ hours left to complete  
his/her Bachelors Associates of \_\_\_\_\_. I also certify that his/her  
(Circle One)  
current internal GPA is \_\_\_\_\_.

If this student is accepted back into the University, he/she must follow the following academic plan (which includes the courses he/she has left to take) set forth by his/her advisor.

Semester One	Semester Two
_____ hrs	_____ hrs
_____ hrs	_____ hrs
_____ hrs	_____ hrs
_____ hrs	_____ hrs
_____ hrs	_____ hrs
Total Hours _____	Total Hours _____
Semester Three	Semester Four
_____ hrs	_____ hrs
_____ hrs	_____ hrs
_____ hrs	_____ hrs
_____ hrs	_____ hrs
_____ hrs	_____ hrs
Total Hours _____	Total Hours _____

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department Head's Signature Date

\_\_\_\_\_  
Print Name