

VSOE PRE-GRADUATION OPT APPROVAL

Student completes this section.

USC ID: _____

NAME: _____
Family (last) name Given (first) name Middle initial (optional)

EMAIL: _____

MAJOR: _____ **POST CODE:** _____

Graduate Advisor completes this section.

- Continuous Enrollment or Readmission requirements met**
- All units toward degree have been taken**
- All USC & transfer courses applied**
- Time Extensions applied (if needed)**
- Substitutions/waivers applied (if needed)**
- GPA requirement met (≥ 3.0)**
- Qualifying Examination passed & DOC on SIS**
- _____ **Expected date to defend dissertation**
- _____ **Expected date to upload dissertation**

APPROVALS:

DEPARTMENT ADVISOR (PRINT NAME)

DEPARTMENT ADVISOR SIGNATURE

DATE

GAPP ADVISOR (PRINT NAME)

GAPP ADVISOR SIGNATURE

DATE