

**Summer Degree Completion Plan**

Although you will not receive your diploma in May, you might be eligible to participate in the May graduation ceremony if you can demonstrate that you will complete your missing requirements by August 15th of this year. This will allow you to receive your diploma in August. Your plan must be submitted for approval to the Registrar **by 4:00 pm on Friday, March 30th**. Any additional deficiencies incurred this semester will require you to update and resubmit this form and may result in you becoming ineligible to participate in the May graduation ceremony.

***Step 1: Schedule a Meeting with the Registrar*.**Contact Brenda Adams (450-1226; registrar@hendrix.edu) who will list below the graduation requirements you are lacking.

  *(Registrar’s Initials)*

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***Step 2: Outline Your Completion Plan*.** You are encouraged to consult with your academic advisor who can help you construct a summer degree completion plan. If you are lacking Odyssey requirements, please consult with the Odyssey Office immediately. If your plan involves taking a course at another institution, you must also complete a Transfer Credit Approval form.

***Step 3: Schedule a Meeting with the Office of Academic Success*.** Contact Donna McConnell (450-1204; mcconnell@hendrix.edu) who will arrange an appointment for you to review and discuss your completion plan.

***Step 4: Submit Your Completed Form to the Registrar*.** The due-date for this form is 4:00 pm on March 30th.

Your signature below signifies your commitment to follow your degree completion plan and your commitment to provide the Registrar’s Office with proof of your completed requirements no later than August 15th of this year.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 *(Print) (Sign) (Date)*

**Additional Required Signatures:**

Office of Academic Success: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 *(Sign) (Date)*

Registrar’s Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 *(Sign) (Date)*