

Degree Percentage Certification

Last Name: _____ First Name: _____ ID#: _____
 Sport: _____ Semester: _____ College: _____
 Major: _____ Minor: _____ Catalog: _____
 Year First Enrolled at UL Lafayette: _____ Transfer Student? Yes No

TO BE COMPLETED BY THE COLLEGE DEAN or REPRESENTATIVE

The above student athlete has **completed** (before this semester) _____ credit hours toward the degree program specified above. This degree program requires a total of _____ credit hours and a minimum grade point average of _____ to meet graduation requirements.

Course Prefix	Course Number	Credit Hours	Degree Credit YES OR NO	CHECK if Grade C or Better Required	Comments (indicate if a class is a repeat)

I certify that the courses listed above will apply toward the degree in the major field unless otherwise noted and that the degree requirement data above is correct.

College Dean/Representative Signature

Date

Student Athlete Academic Center Rep

Date

DO NOT WRITE BELOW THIS LINE

Percentage Required _____ GPC: _____
 Percentage Earned _____
 Total hours to meet percentage requirement for certification _____ PTS: _____
 Additional hours needed percentage requirement for next certification _____ ADJ: _____
 SEM: _____