Northern Kentucky University
Nunn Drive
Highland Height, KY 41099

Office of the Registrar
Service Center
Lucas Administrative Center 301

Program Certification

PLEASE COMPLETE AND SUBMIT ACCORDING TO PUBLISHED SUBMISSION DEADLINE:
1) SEPARATE FORMS FOR EACH MAJOR, MINOR, AND/OR FOCUS
2) AN APPLICATION FOR DEGREE CANDIDACY (Submit on myNKU)

	Semester	Year
Anticipated Graduation		
Catalog year for all University Requirements		

Student's SAP ID Number: _____

Student's Full Name (print): _____

Address: _____

Daytime Telephone or Cell: _____

NOTE: NKU email is used to communicate ALL information about graduation status.
Select one: ☐ major ☐ minor ☐ focus

Program: _____ If Major; Degree: _____

Department Chairperson, complete if applicable:
A. Minimum required GPA for the program certified above: _____ and/or (circle one) with a minimum Grade of _____ for each major-required course.
B. Minimum OVERALL GPA required: _____ (only applicable if higher than University 2.00 requirement)

List ONLY courses REQUIRED for program of study identified above. Include transfer courses, work in progress, and work to be completed.
Any substitutions / waivers must be indicated below or with an authorized Approval for Course/Substitution Waiver form.

Course Prefix and Number	Course Title, transfer equivalent, or NKU substitution For transfer work, indicate institution, course(s) accepted for program and NKU equivalent.	Credit Hours	Semester	Grade IP = currently in progress TBT = to be taken

☐ Total Hours Requirement:
Associate Degree: Minimum of 60 semester hours. GPA must be 2.0 or higher or as required by degree program.
Bachelor's Degree: Minimum of 120 semester hours. GPA must be 2.0 or higher or as required by degree program.

☐ Residency Requirements:
Associate Degree: Last 20 hours completed at NKU
Bachelor's Degree: Last 30 hours completed at NKU
Bachelor's Degree: Minimum 25% of coursework completed at NKU

☐ Upper Division Requirement: Bachelor's Degree: 45 credit hours at 300 level or above

☐ General Education Requirements

Signature of Department Chairperson or Authorized Designee _____ Date _____ Signature of Student _____ Date _____

Any changes to program certification requirements listed above (e.g. courses substitutions or waivers) must be approved in writing and submitted to the Registrar by department chairperson.