

Accelerated Program Pre-Certification Form

Office of the East Falls University Registrar

Email: TJU_EF_Registrar@jefferson.edu

Name: _____ **Campus Key:** _____
Last First MI

Major: _____ **Minor/Option:** _____

Catalog Year: _____ **Anti Grad Date:** _____ **Advisor:** _____

Student Email: _____

Student's Phone: (Local) _____ (Perm) _____

Current Semester (specify) _____

Future Semester (specify) _____

Future Semester (specify) _____

Course #	Course Name	Credits

Course #	Course Name	Credits

Course #	Course Name	Credits

Credits earned at time of review _____

Credits remaining to graduate _____

Total credits required for program _____

____ Residency credits (33 min)

____ Continual Professional Core

____ Continual Professional Core (6 min)

Major requirements met (12 min)

CSSE-300 (3 credits)

____ General Education Core (9 min)

____ Cumulative GPA must be 2.0 or better

Any outstanding **I, N/C, TR** or **F** grades:

Course Name _____

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Course Name _____

Course Name _____

Note: Pre-certification should match the student's academic record in Degree Audit. Any amendment to the student's curriculum requirements should be attached.

Student's Signature

Date

Advisor's Signature

Date

Certifying Officer's Signature

Date

PROCESSING: Send Completed Form to TJU_EF_Registrar@jefferson.edu
or Thomas Jefferson University, Office of East Fall University Registrar, 4201 Henry Ave. Archer Hall, Philadelphia, PA 19144 Fax: 215-951-2742