



Undergraduate Pre-Certification Form

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

Major: _____ **2nd Major:** _____ **Minor/Option:** _____

Catalog Year: _____ **Graduation Term:** _____ **Advisor:** _____

Student Email: _____

Student's Phone: (Cell) _____ (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 _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Residency credits (60 min) | <input type="checkbox"/> Major requirements met at Jefferson | <input type="checkbox"/> 2nd Major requirements met at |
| <input type="checkbox"/> Minor requirements met at Jefferson | <input type="checkbox"/> College Studies requirements met at Jefferson | <input type="checkbox"/> Jefferson Cumulative GPA must be 2.0 |
| <input type="checkbox"/> Any outstanding I, N/C, TR or F grades: | | or better |
| Course Name _____ | | |
| 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 completed with the Course Substitution Form.**

Student's Signature

Date

Advisor's Signature

Date

Certifying Officer's Signature

Date

Distribution: Advisor file, Student, Cert. Officer, Office of the Campus Registrar

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