SONOMA STATE UNIVERSITY

Financial Aid Office
1801 East Cotati Avenue
Rohnert Park, CA 94928

www.sonoma.edu/finaid
Tel: (707) 664-2389
Fax: (707) 664-4242

Name: _____ ID: _____

Requirements for Graduate Degree

List all the courses required for your course of study plus the date they were completed or will be completed. Attach this form to the Excessive Units Petition and submit to the Financial Aid Office. Your petition will not be reviewed unless all required documents are attached.

Program of Study: _____**Expected Graduation Date**:_____

Dept. & Course No.	Course Title	Units	Grade	Semester Taken/to be Taken

	Completion of Requirements	Date Completed/ to be Completed
Thesis/Project/Title		
Oral Exam		
Written Exam		
Oral Defense		
Internship		
Other		

Student Signature: _____ Date: _____

Graduate Coordinator Signature: _____