

Concordia University--Irvine, CA
Office of the Registrar

STATEMENT OF COMPLETION

Name: _____ Student ID#: _____

1. This graduating senior is requesting that the Registrar process this Statement of Completion. This student is my advisee and we have discussed what courses are appropriate to apply towards the Fifth Year Program.

School of Education/Faculty Advisor Signature Date

2. This graduating senior has applied for admission into the Fifth Year Program and is, therefore, eligible to request this Statement of Completion.

Director of Credential Program/Lead Credential Analyst Signature Date

3. My Undergraduate requirements will be fulfilled in (semester/year): _____

Student Signature Date

RETURN TO THE REGISTRAR'S OFFICE FOR PROCESSING

4. Degree requirements have been met as of (semester/year): _____
The following courses will be applied to the Fifth Year:

_____	sem/hr: _____
_____	sem/hr: _____
_____	sem/hr: _____
_____	sem/hr: _____

Total hours applied to Fifth Year Program: _____

Registrar's Signature Date