CLAYTON STATE UNIVERSITY

I-20 Program Degree Audit

Instructions: Please complete this form to confirm degree program graduation date. Ensure all information is accurate and submit it to the International Education Office.

Student Information

Full Name: _____ Laker ID#: _____

Phone Number: _____ Student email: _____

Current Program: _____

Program Details & Graduation Date

Program Code: _____

Program Name: _____ Expected Graduation Date: _____

Acknowledgement

By signing below, I acknowledge that the above information is accurate and understand the potential impacts on my visa status.

Student Signature: _____ **Date:**_____

Program Advisor Signature: _____ **Date:** _____

Official Office Use

Signature_____ Date: _____

International Student Services
University Center, Room 204
678-466-4092

2000 Clayton State Blvd.
Morrow, GA 30260