

University of Hawaii at Manoa School of Architecture

# request for Grad Check

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date \_\_\_\_\_

last name/first name \_\_\_\_\_

ID # \_\_\_\_\_

email \_\_\_\_\_

cell or phone (optional) \_\_\_\_\_

anticipated date of graduation \_\_\_\_\_

last studio taken \_\_\_\_\_

requesting Grad Check

requesting Grad Plan  
for Financial Aid  date required \_\_\_\_\_

comments/requests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_