

**AUGUSTA STATE UNIVERSITY
APPLICATION FOR GRADUATION - UNDERGRADUATE STATUS**

APPLICATIONS FOR GRADUATION CEREMONIES ARE DUE IN THE REGISTRAR'S OFFICE BY MIDTERM OF THE SEMESTER PRIOR TO THE LAST SEMESTER OF COURSEWORK.

Print your name as you want it to appear on your diploma _____ **ID Number** _____

Current Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Permanent Mailing Address _____ **City** _____ **State** _____ **Zip** _____
(Location after graduation)

Home Phone _____ **Work Phone** _____ **Email** _____

Degree: _____ **Major:** _____ **Minor:** _____

If applying for more than one degree type, complete a second form.

Program Completion Term: **Spring** _____ **Summer** _____ **Fall** _____
Year Year Year

GRADUATION CEREMONY INFORMATION

This is an updated application. Fees have been paid.

I plan to attend the May graduation ceremony

- *If you have a physical condition which requires special consideration, please contact the Coordinator of Testing and Disability Services at 737-1471.*
- *Spring graduates may pick up their diplomas on campus the week after commencement. Those remaining will be mailed to the address of record.*

Please mail my diploma to:

Name _____

Address _____

City _____

State _____ **Zip Code** _____

Pay the \$25 application fee to the Business Office in Fanning Hall

Required Signature: **Student signature** _____ **Date** _____

Business Officer _____ **Date** _____

- Note:**
- 1) Please advise the Registrar's Office of changes in address or phone number.
 - 2) You may only attend one graduation ceremony.
 - 3) Diplomas will be mailed one week after the end of the program completion term.

Student Name: _____

PROGRAM REQUIREMENTS

Please attach your departmental check sheet listing all coursework being used to fulfill requirements and copies of any exceptions to degree or graduation requirements.

Legislative Requirements Satisfied:

PED Requirements:

Other Requirements:

Ga History _____

Satisfied _____

Regents Exam Satisfied:

Ga Const _____

Completing _____

yes no

US History _____

Waived _____

Portfolio Requirements:

US Const _____

Comments:

(If applicable)

yes no

COURSEWORK PROJECTION

_____ Term Coursework

_____ Term Coursework

_____ Term Coursework

COMMENTS: _____

Required Signatures:

Advisor _____

Date _____

Dept Chair of Major _____

Date _____

Dept Chair of Minor _____

Date _____

RETURN THIS FORM TO THE REGISTRAR'S OFFICE - PAYNE HALL