

Application for Graduation

Augusta State University
Application for Graduation

APPLICATIONS FOR GRADUATION ARE DUE IN THE REGISTRAR'S OFFICE BY MIDTERM OF THE SEMESTER PRECEDING THE FINAL SEMESTER OF COURSEWORK.

Print your name as you want it to appear on your diploma 927 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, complete a second form)

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

* Summer candidates for graduation participate in the preceding May ceremony.
** Fall candidates for graduation participate in the following May ceremony.

GRADUATION CEREMONY INFORMATION

- This is an updated application (Please highlight current changes) - Fees have been paid
I plan to attend the May graduation ceremony.
Not attending the Ceremony. Please mail my diploma to:
Name:
Address:
City/State/Zip:

Pay the \$50 non-refundable grad fee to the Business Office--Fanning Hall

Required Signature: Student Signature:
Business Officer:

Note: 1) Please advise the Registrars 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.

Comprehensive Written Exam Completed? YES NO
If no, projected completion term: _____

Comprehensive Oral Exam Completed? YES NO
If no, projected completion term: _____

Comments: _____

COURSEWORK PROJECTION

_____ Term	_____ Term	_____ Term	_____ Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS: _____

Required Signatures:

Advisor: _____ Date _____

Dept Chair _____ Date _____