

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.
 - * If you have a physical condition which requires special consideration, please contact the Coordinator of Testing and Disability Services at (706) 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.
- 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.

Legislative Requirements

Satisfied:

GA History _____

GA Const _____

US History _____

US Const. _____

PED Requirements:

Satisfied _____

Completing _____

Waived _____

Comments:

Other Requirements:

Regents Exam Satisfied:

Yes _____ No _____

Portfolio Requirements:

(if applicable)

Yes _____ No _____

COURSEWORK PROJECTION

_____ Term _____ Term _____ Term _____ Term

COMMENTS: _____

Required Signatures:

Advisor: _____ Date _____

Exit Interviewer: _____ Date _____

Dept Chair of Major _____ Date _____

Dept Chair of Minor _____ Date _____

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