

Application for Graduation

Augusta State University Application for Graduation-Undergraduate Status

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

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 _____ E-mail _____

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 (Please Highlight Current Changes)
Fees have been paid

Please mail my diploma to:

Name _____

Address _____

City _____

State _____ Zip _____

Pay the \$50 non-refundable graduation fee to the Business Office - 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
for students who do not attend the graduation celebration to receive diplomas.



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 _____

Well Requirements:

Satisfied _____

Completing _____

Waived _____

Comments:

Other Requirements:

Regents Exam Satisfied:

yes no

Portfolio Requirements:
(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