

# 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 Signatures: Student signature \_\_\_\_\_ Date \_\_\_\_\_

Business Officer \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid \_\_\_\_\_ Date \_\_\_\_\_

**Bring confirmation of completed exit counseling from [studentloans.gov](http://studentloans.gov)**

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 department check sheet listing all coursework being used to fulfill requirements and copies of any exceptions to degree or graduation requirements.**

**Legislative Requirements**

Ga History \_\_\_\_\_

Ga Const \_\_\_\_\_

US History \_\_\_\_\_

US Const \_\_\_\_\_

**Well Requirements**

Satisfied \_\_\_\_\_

Completing \_\_\_\_\_

Waived \_\_\_\_\_

**Comments:**

\_\_\_\_\_

**Other Requirements**

**Portfolio Requirements  
(If Applicable)**

yes       no

**Course Work Projection**

\_\_\_\_\_ Term Coursework

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_ Term Coursework

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\_\_\_\_\_ Term Coursework

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**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**