

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 _____ 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. (Please Highlight 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 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 Code _____

Pay the \$25 non refundable grad 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.



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 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