

**AUGUSTA STATE UNIVERSITY
APPLICATION FOR GRADUATION-GRADUATE STUDENT 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
(Location after graduation)

City

State

Zip

Home Phone _____

Work Phone _____

Email _____

Degree: _____

Major: _____

Program Completion Term: Spring _____

Year

Summer _____

Year

Fall _____

Year

GRADUATION CEREMONY INFORMATION

- This is an updated application. 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.

Portfolio Requirements:
(If applicable) yes no

Capstone paper completed:
(If applicable) yes no

Comments: _____

COURSEWORK PROJECTION

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

COMMENTS: _____

Required Signatures:

Advisor _____

Date _____

Dept Chair _____

Date _____

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