

# Application for Graduation

## Augusta State University Application for Graduation-Graduate 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: \_\_\_\_\_ Concentration: \_\_\_\_\_

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.

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**