



APPLICATION FOR GRADUATION

—PLEASE PRINT—

YOUR NAME WILL APPEAR ON YOUR DIPLOMA AND IN THE COMMENCEMENT PROGRAM AS ENTERED IN THE GSU DATABASE.

NOTE: ANY CHANGES TO YOUR NAME MUST BE VERIFIED BY LEGAL DOCUMENTATION PRIOR TO THE DIPLOMA DATE.

I.D. NUMBER _____ NAME _____
(First) (Middle Initial) (Last)

ADDRESS _____
Street Apt. # City State ZIP

E-MAIL ADDRESS _____ PHONE () ()
Day Evening

COLLEGE	DEGREE INTENDED			YEAR
<input type="checkbox"/> Business and Public Administration	<input type="checkbox"/> BA	<input type="checkbox"/> MA	<input type="checkbox"/> MSN	<input type="checkbox"/> DPT
<input type="checkbox"/> Health and Human Services	<input type="checkbox"/> BHA	<input type="checkbox"/> MBA	<input type="checkbox"/> MFA	<input type="checkbox"/> Dr.OT
<input type="checkbox"/> Arts and Sciences	<input type="checkbox"/> BHS	<input type="checkbox"/> MHA	<input type="checkbox"/> MOT	<input type="checkbox"/> t.DPT
<input type="checkbox"/> Education	<input type="checkbox"/> BS	<input type="checkbox"/> MHS	<input type="checkbox"/> MPT	<input type="checkbox"/> DNP
	<input type="checkbox"/> BSN	<input type="checkbox"/> MPA	<input type="checkbox"/> MSW	
	<input type="checkbox"/> BSW	<input type="checkbox"/> MS		

MAJOR _____ CONCENTRATION/SEQUENCE (if applicable) _____

MINOR _____ 2nd BACHELOR'S 2nd MASTER'S

You must submit this form along with the **Student Progress Report** form to the Registrar's Office by the application deadline as stated on the Academic Calendar for the semester you plan to graduate.

Please note: There is a NON-REFUNDABLE \$50.00 processing fee for all applications.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

Student Signature Date

OFFICE USE ONLY

CODES COMPLETED BY COLLEGE

MAJOR CODE	CONCENTRATION
<input type="text"/>	<input type="text"/>

TO BE COMPLETED BY REGISTRAR'S OFFICE

Diploma Sent to Student _____

Honors _____ High Honors _____

Advisor Date Division Chairperson Date Dean Date