



Registrar's Office
 800 Georgia Southwestern State University Drive
 Americus, GA 31709-4379
 Phone: 229-928-1331 / Fax: 229-931-2021

GRADUATION APPLICATION

Initial Application - Submit to Advisor

Reapplication - Submit to Registrar's Office
A \$10.00 reapplication fee is required along with the application.

This application must be completed and submitted at least **two full semesters** prior to the academic year in which the degree is expected.

Application Due Dates:	Fall Semester	January 15
	Spring Semester	June 15
	Summer Term	August 15

GSW ID#: _____

Your name will appear on your diploma as it appears on this form and you will be processed for the degree and semester stated below. Please print clearly and make sure all information is correct.

First Name _____ Middle Name _____ Last Name _____

City, State Printed on Program: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

DEGREE INFORMATION

Semester to Complete Degree Requirements (Choose one): Fall Spring Summer Year: _____

Degree (Choose One): Certificate Bachelor Master Specialist

Major: _____ Minor: _____ Double Major (if applicable): _____

REAPPLICATION FOR GRADUATION

I am reapplying for graduation as shown below (if applicable): **A \$10.00 reapplication fee is required along with the application.**

Previous Semester (Choose One):

Fall Spring Summer Year: _____

New Semester (choose One):

Fall Spring Summer Year: _____

STATEMENTS OF UNDERSTANDING

(Choose One)

1. Will you be attending another institution your last term before graduation? **Yes** **No**

If yes, where? _____

NOTE: All official transcripts **must** be received in the Registrar's Office before you will be cleared for graduation.

2. Do you plan to attend the graduation ceremony? **Yes** **No**

3. If you are not attending the ceremony:

___ I will pick up my diploma from the Registrar's office.

___ Please mail my diploma to the mailing address you have on file. I understand it is my responsibility to keep my mailing information up-to-date. I have included **\$10.00** to cover the mailing costs. (*Diplomas are mailed 2 to 4 weeks after graduation.*)

4. Are you physically challenged? **Yes** **No**

If yes, will you need special accommodations at the graduation ceremony? **Yes** **No**

5. A non refundable graduation fee of **\$15 (certificate only)** or **\$35 (undergraduate or graduate)** must be made at the time of application. Payment can be made at the Office of Student Accounts located in the Marshall Student Center or by calling 229-931-2013.

6. I understand that I am responsible for meeting all requirements to graduate for the semester, degree, and major stated above.

7. If I am unable to graduate in the semester requested, I understand that I must reapply for graduation with my advisor, or complete the re-application section of this form. I understand that I must pay a **\$10.00** non refundable reapplication fee when turning in this form.

Student's Signature: _____ Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Graduation packet received in Registrar's Office _____ Packet includes: _____ Application _____ Curriculum Sheet _____ Check Sheet