



Application for Undergraduate Degree

Please pay the \$60 application fee at gcsu.edu/registrar/graduation-and-commencement and attach your receipt to this form.
Order No. _____

GCID _____ Legal Name (as it should appear on your diploma) _____
FIRST MIDDLE LAST

Local Address _____ Home Phone# _____
(Address to which the evaluated application will be mailed; include street, apt. #, city, state, and zip code)

Diploma Address _____ Cell Phone# _____
(Address to which the diploma will be mailed; include street, apt#, city, state, and zip code)

Degree requirements will be completed: Fall Spring Summer (includes May Term) 20_____

Degree you are pursuing: BA BBA BMED BMT BS BSN Catalog Year _____

as shown on Degree Works audit
Concentration(s)

Major(s)

Minor(s)

List below all of the courses you are now taking and/or will take to complete the requirements for your degree including transient courses and the school.

Semester _____			Semester _____			Semester _____		
Subj. & No.	Hrs.	Repeat	Subj. & No.	Hrs.	Repeat	Subj. & No.	Hrs.	Repeat

I understand that I need to satisfactorily complete the courses listed above and address any deficiencies identified by my adviser, department chair and/or the Registrar's Office to qualify for graduation. If I make changes to the courses listed or to my degree completion plans, I will file a revised graduation application immediately.

Student Signature _____ Date _____

With the satisfactory completion of the courses listed above, this student will complete course requirements for the major program.

Advisor Signature _____ Date _____ Chair Signature _____ Date _____

**** This application must be forwarded to the Registrar's Office for final approval. ****

Office of the Registrar Use Only

- U.S. History Exam satisfied
- GA History Exam satisfied
- U.S. Constitution Exam satisfied
- GA Constitution Exam satisfied
- Senior Exit Exam satisfied (2 are required for some majors)

Overall Earned Hours _____

Proposed Hours _____

Minus Repeated and Excluded Hours _____

TOTAL Hours _____

To qualify for graduation, you must satisfactorily COMPLETE

1. All courses as currently listed above. If you make any changes to these courses, you must submit a revised application to the Registrar's Office immediately.

All requirements must be completed by _____
to qualify for graduation in the term listed.

Registrar's Office Signature _____ Date _____

- Department (Blue)
- Advisor (Blue)
- Student (Green)

Date received from the department _____
 1st Evaluation Date _____
 2nd Evaluation Date _____
 Grad Term Evaluation Date _____
 Final Evaluation _____