



Office of the Registrar
 800 GSW State University Dr.
 Americus, GA 31709-4379
 Phone: 229-928-1331
 Fax: 229-931-2021
 gswreg@gsw.edu

GRADUATION APPLICATION

Initial Application - Submit to Advisor

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

Graduation Application Due Dates:

Fall - January 15

Spring – August 15

Summer – August 15

GSW ID#: _____ **Phone number:** _____ **Hometown for program:** _____

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. All degree audits will be sent to your radar email account.

First Name _____ **Middle Name** _____ **Last Name** _____

Mailing Address: (Your diploma will be mailed to the mailing address listed on this application)

Street: _____

City, State, Zip _____

Please update my mailing address in the student system: **Yes** **No**

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. I understand that my diploma will be mailed to the mailing address listed on this application and it is my responsibility to keep my mailing information up-to-date.

4. Will you need special accommodations at the graduation ceremony? **Yes** **No**

5. A non refundable graduation fee of **\$35 (undergraduate or graduate) or \$15 (certificate only)** 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. If the graduation fee isn't paid at the time of the application, the fee will be charged to your student account.

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