GSW
GEORGIA SOUTHWESTERN
STATE UNIVERSITY

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

Request to March in Graduation Prior to Completing All Degree Requirements

(Undergraduate Students Only)

Please submit to the Registrar's Office no later than 30 days prior to the date you would like to march.

GSW ID#: _____   _____   _____
                                                          First Name   Last Name

GSW Radar Email: _____   Phone: _____

DEGREE INFORMATION

Semester you will complete your degree requirements (Choose one):   Fall   Spring   Summer   Year: _____

Graduation ceremony in which you wish to participate (Choose one):   December   May   Year: _____

Degree (Choose One):   Certificate   Bachelor

Major: _____   Minor: _____

Double Major (if applicable): _____

Must be completed and signed by the Advisor

I have reviewed the student's file and agree that s/he is within six credits of graduation, assuming all classes in which they are currently enrolled are passed.

Advisors Signature _____   Date _____

COURSES & CREDITS HOURS REQUIRED FOR GRADUATION (6 credits or less only)

1. _____ ____hrs   3. _____ ____hrs   5. . _____ ____hrs

2. _____ ____hrs   4. _____ ____hrs   6. . _____ ____hrs

STATEMENTS OF UNDERSTANDING
Must be completed and signed by the student

1. I am within six credits of completing my degree requirements.   Yes   No

2. I have already applied for graduation.   Yes   No

3. I have met with my advisor who has confirmed that I am within six credits of completing my degree.   Yes   No

4. I understand that I am responsible for meeting all degree requirements prior to receiving my diploma.   Yes   No

5. I understand that I will not receive my diploma, be recognized for academic honors or achievements
   when I march at graduation.   Yes   No

6. I understand that no degree will be posted to my record until the end of the semester that my final
   course(s) are completed.   Yes   No

Student's Signature: _____   Date: _____

Please submit this form to the Registrar's Office. The Student will be notified through their GSW Radar email.

FOR REGISTRAR'S OFFICE USE ONLY

Date Request received in Registrar's Office _____   ☐ Approved   ☐ Denied   By/Date:_____

Registrar's Office
Comments:_____
_____