



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 Master Specialist

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: _____