Atlanta Metropolitan State College – Office of the Registrar

APPLICATION FOR GRADUATION FOR DEGREE OR CERTIFICATE

In order to be considered for graduation, you must complete and return this form to the Office of the Registrar by the published deadline dates. The diploma fee is due upon submission of the Application for Graduation and is non-refundable. Each application requires fee payment. Applicants who are denied for graduation must pay another fee when they submit another graduation application.

For Administrative Use Only

_____ College Preparatory Curriculum (CPC)
_____ GA & US History
_____ GA & US Constitution
_____ Learning Support
_____ Regents' Reading
_____ Regents' Writing
_____ Residency Requirement

_____ On Track (PN)
_____ Incomplete (NC)

Degree/Cert Awarded _____
Graduation GPA _____
Denied _____

AMSC ID# _____ Please print name **EXACTLY** as you want it to appear on your diploma.
Note: A name change in Banner <u>will not</u> change your name on your diploma. Email registrar@atlm.edu to change your name on your diploma.

_____
Last First Middle

_____
Phone Number AMSC Email Date of Birth

Degree: _____Bachelor
_____Associate of Arts
_____Associate of Science
_____Associate of Applied Science
_____Certificate

Program of Study (Major)_____

If you are a double major_____
second bachelor's major

Minor_____
(only in conjunction with a bachelor's major)

Year of catalog under which you are graduating: _____ What term are you graduating?_____

Date degree requirements are to be completed: Term_____ Year_____

By completing this graduation application, you authorize AMSC to include your name in the graduation program. If you **DO NOT** wish for your name to appear, please initial below:
DO NOT PUBLISH my name in the graduation program. Initial_____ Date_____

Are you current or former military? Yes_____ No _____ Do we have a copy of your DD214? _____

Signature of Applicant_____ Date_____

Have any course substitutions been submitted to academic affairs? Yes ____ No ____
Do these include any approved PE exemptions? If so, please list: _____
List below any courses that will be used toward residency for subsequent degree requirements:

_____ _____ _____ _____

_____ _____ _____ _____

APPROVED _____ DATE_____
Signature of Faculty Advisor or Chair/Dean

List courses currently in progress and those needed next term to complete degree requirements:

COURSES NOW IN PROGRESS:

Term: Fall Spring Summer _____ Year

Course:	Number:	Hours:

OTHER COURSES NEEDED TO GRADUATE:

Term: Fall Spring Summer _____ Year

Course:	Number:	Hours:

Please tell us what you plan to do after you complete requirements for your AMSC degree or certificate:

☐ I plan to continue working toward another degree in _____
(Degree and Major)

at _____
(College or University)

☐ I plan to become employed as a _____ at _____

☐ I plan to _____
(Other)

Student Remarks: _____

WHEN COMPLETED, TAKE THIS FORM TO THE BUSINESS OFFICE TO PAY YOUR DIPLOMA FEE. THE DIPLOMA FEE IS NON-REFUNDABLE. SUBMIT FORM TO OFFICE OF THE REGISTRAR.

DIPLOMA FEE $_____ DATE PAID_____
($25 each cert/degree /$35 double majors-bachelor's only)

RECEIPT #_____ CASHIER _____