



Graduation Application

Expected Degree Completion: Summer 20____ Fall 20____ Spring 20____

Recommended Application Deadline: End of term prior to graduation term.

Student Name: _____ Student ID: _____
(As it appears on the school records)

Student Name: _____ Date of Birth: _____
(As you wish to appear on diploma)

Phone: _____ E-mail Address: _____

Mailing Address: _____ City, State, Zip: _____

If the mailing address provided on this application is different from the mailing address on your student records in Banner, Banner will be updated to prevent your diploma from being mailed to the wrong address.

Degrees Sought: AA AS ASN BSN BS BA

Pathway/Major: _____

*Degrees: AA: Associate of Arts; AS: Associate of Science; ASN: Associate of Science in Nursing; BSN: Bachelor of Science in Nursing; BS: Bachelor of Science; BA: Bachelor of Arts.
Please indicate Pathway/Major.*

Are you a Dual Enrollment Student? Yes No

Graduation Application Checklist:

- | | |
|--|---|
| <input type="checkbox"/> GPA of at least 2.0 on courses presented for graduation. | <input type="checkbox"/> Meet U.S. and Georgia History & Constitution requirements. |
| <input type="checkbox"/> In Good Standing academically (2.0 or higher on overall GPA). | <input type="checkbox"/> No outstanding financial obligations to SGSC. |
| <input type="checkbox"/> Courses in AREA A and AREA F have grade of "C" or higher. | <input type="checkbox"/> Make payment of the \$40.00 nonrefundable graduation application fee at the Cashier's Office. |

Do you plan to walk in the May Graduation Ceremony? Yes No
If Yes, which Campus? Douglas Waycross

Approvals:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Office Use Only: Reviewed by: _____ Date: _____

Graduated? Yes No Final GPA: _____ Awarded Date: _____