

Office of the Registrar Engram Hall/Dye Building

912-260-4406 email: registrar@sgsc.edu

Graduation Application

Expected Degree Completion:	☐ Summer 20	☐ Fall 20	Spring 20	
Recommended A	application Deadline	e: End of term pr	ior to graduation term.	
Student Name: (As it appears o	n the school records)	Student ID:		
Student Name: (As you wish to	o appear on diploma)	Date of Birth: _		
Phone:E-mail Address:				
Mailing Address:	g Address:City, State, Zip:			
If the mailing address provided o records in Banner, Banner will b			ing address on your student eing mailed to the wrong address.	
Degrees Sought: AA	□ AS □ ASN	☐ BSN	□ BS	
Pathway/Major:				
Degrees: AA: Associate of Arts, AS: Associate of Science, ASN: Associate of Science in Nursing, BS: Bachelor of Science in Nursing, BS: Bachelor of Science. Please indicate Pathway/Major.				
Are yo	u a Dual Enrollment	Student? 🗌 Ye	es 🗆 No	
Graduation Application Che	ecklist:			
\square GPA of at least 2.0 on courses presented for graduation.		☐Meet U.S. and requirements.	☐ Meet U.S. and Georgia History & Constitution requirements.	
☐ In Good Standing academically (2.0 or higher on overall GPA).		☐ No outstandi	ng financial obligations to SGSC.	
☐ Courses in Mathematics, Wi Study area have grade of "C"		☐ 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:	•	