



Dalton 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 Enrollment Services 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		Degree/Cert Awarded
<input type="checkbox"/> College Preparatory Curriculum (CPC)		_____
<input type="checkbox"/> GA & US History		
<input type="checkbox"/> GA & US Constitution	<input type="checkbox"/> On Track (PE)	Graduation GPA _____
<input type="checkbox"/> Learning Support		
<input type="checkbox"/> Residency Requirement	<input type="checkbox"/> Incomplete (PI)	Denied _____
<input type="checkbox"/> Physical Education		

DSC ID# _____ Please print name **EXACTLY** as you want it to appear on your diploma.
Note: A name change in Banner will not change your name on your diploma. Email registrar@daltonstate.edu to change your name on your diploma.

 Last First Middle

 Phone Number DSC Email Date of Birth

Degree: <input type="checkbox"/> Bachelor <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of Science <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/> Associate of Science in Nursing/RN <input type="checkbox"/> Certificate		Program of Study (Major) _____ If you are a Double Major _____ Minor _____ Concentration _____
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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 DSC to include your name in the graduation program.
 If you **DO NOT** want your name to appear in the program, 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DO NOT PUBLISH my name in the graduation program.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? Yes _____ No _____ Do these include any approved PE exemptions? Yes _____ No _____
APPROVED _____ DATE _____ Signature of Faculty Advisor or Division Chair

