



# 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		
_____ College Preparatory Curriculum (CPC)		Degree/Cert Awarded _____
_____ GA & US History		
_____ GA & US Constitution	_____ On Track (PE)	Graduation GPA _____
_____ Learning Support		
_____ Regents' Reading	_____ Incomplete (PI)	Denied _____
_____ Regents' Writing		
_____ USG Perspectives		
_____ Residency Requirement	_____ Computer Literacy	_____ Physical Education
		_____ CPR Card

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: _____ Bachelor _____ Associate of Arts _____ Associate of Science _____ Associate of Applied Science _____ Associate of Science in Nursing/RN _____ Certificate		Program of Study (Major) _____  If you are a double major _____ <span style="margin-left: 150px;">second bachelor's major</span>  Minor _____
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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** 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**DO NOT PUBLISH** my name in the graduation program.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 Division Chair

**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 DSC 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 \_\_\_\_\_

REV. 03/13 Registrar Form