



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 | | |
|---|--|---|
| <input type="checkbox"/> College Preparatory Curriculum (CPC) | | Degree/Cert Awarded _____ |
| <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"/> Regents' Reading | <input type="checkbox"/> Incomplete (PI) | Denied _____ |
| <input type="checkbox"/> Regents' Writing | | |
| <input type="checkbox"/> USG Perspectives | | |
| <input type="checkbox"/> Residency Requirement | <input type="checkbox"/> Computer Literacy | <input type="checkbox"/> Physical Education |
| | <input type="checkbox"/> | <input type="checkbox"/> 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: <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 _____ second bachelor's major Minor _____ |
|--|--|--|

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DO NOT PUBLISH my name in the graduation program.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

