Office of Academic Services and Registrar • ACAD Building, Room 283
504 College Drive ◆ Albany, GA 31705
Office: 229-430-4638 ◆ Fax: 229-430-2953

APPLICATION FOR DEGREE EVALUATION AND GRADUATION

- The graduation process is initiated by the student.
- The completed application must be submitted to the Office of Academic Services and Registrar by the deadline date. (See Academic Calendar for the deadline date).
- In order for the application to be valid, the student must have the required cumulative grade point average for their major and must be admitted to the major.
- Each student must attend the commencement exercise or request in writing permission to graduate in absentia from the Vice President for Academic Affairs.
- I understand that I am responsible for meeting all requirements to graduate.
- If I am unable to graduate in the semester requested, I understand that I must reapply for graduation. Payment of the graduation fee is not required if you have previously paid the fee for a degree, but did not complete your graduation requirements for that degree when planned.
- Each student must update name and/or address if a change occurs. A source document is required such as a valid driver's license, marriage license or court order to change your name.
- A representative from our graduation products vendor will be available to assist you with your measurements for Cap & Gown and Personalized Announcement orders during the Fall and Spring Semester. The dates and times will be posted to www.asurams.edu and other campus sites. Please be prepared to pay at the time of order.

*Student's Signature_____ Date _____

*You are responsible for submitting a copy of your Application for Degree Evaluation and Graduation to the Chair of your Department

Semester/Year You Expect To Graduate: Summer _____ Fall_____ Spring_____

Name_____ _____
First Middle Last RAM ID Number

Local Address_____
Street City State Zip code

Permanent Address_____
Street City State Zip code

Telephone Number: Local_____ Cell_____ Home _____

(Optional) Sex_____ Race: ☐ Black ☐ Caucasian ☐ Hispanic ☐ American Indian/Alaskan ☐ Asian

ASU email address_____ Alternate email address_____

DEGREE TYPE: ☐ UNDERGRADUATE (BACHELOR'S) ☐ GRADUATE (MASTER'S OR SPECIALIST)

MAJOR_____

CONCENTRATION (if applicable) _____

MINOR_____

NAME FOR DIPLOMA

Print your name legibly and exactly as it is to appear on diploma. Name must be the same as it appears on academic record.

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NOTE: You will receive your degree audit results via email. Your Department Chairperson, in conjunction with the Office of Academic Services and Registrar, prepares the audit. Once you receive it, please review it carefully. If you have any questions, contact your chairperson immediately. Do not wait until your expected semester of graduation to resolve any outstanding problems.

Revised 04/12