



Office of the Registrar
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 Americus, GA 31709-4379
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 Fax: 229-931-2021
 JVZUHJ#JVZ HGX

GRADUATION APPLICATION

Initial Application - Submit to Advisor

Reapplication - Submit to Office of the Registrar

GSW ID#: _____ Phone number : _____ Hometown for program : _____

Your name will appear on your diploma as it appears on this form and you will be processed for the degree and semester stated below. Please print clearly and make sure all information is correct. All degree audits will be sent to your radar email account.

 First Name Middle Name Last Name

Mailing Address: (Your diploma will be mailed to the mailing address listed on this application)

Street: _____

City, State, Zip _____

Please update my mailing address in the student system:

_____ Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Graduation packet received in Registrar's Office _____ Packet includes: _____ Application _____ Curriculum Sheet _____ Check Sheet