

Please pay the
\$45 application fee at the Business Office
or attach check and mail.



To be submitted to the Office of the
Registrar no later than the official
deadline for each graduation posted on the
university academic calendar on the web.

Formal Application for Graduate Degree

PLEASE PRINT OR TYPE

Print Legal Name (as it should appear on your diploma): _____

Student ID Number: _____ Home Phone: _____ Business Phone: _____

Mailing Address for Diploma: _____
Street City State Zip

Degree (check one)

- Master of Arts
- Master of Arts in Teaching
- Master of Business Administration
- Master of Education
- Master of Education in Secondary Teacher Education
- Specialist in Education
- Master of Fine Arts
- Master of Management Information Systems
- Master of Public Administration
- Master of Science
- Master of Science in Administration/Logistics Management
- Master of Science in Criminal Justice
- Master of Science in Nursing
- MSN/MBA (Joint Degree)
- Master of Accountancy
- Master of Music Therapy
- Master of Music Education

Major Content Field: _____ Area of Concentration: _____

Degree requirements will be completed: Term: _____ Year: _____

Will you be attending the Commencement Ceremony? Yes No Name of Adviser: _____
(Information regarding the ceremony will be sent via the myCats Portal.)

List below all of the courses you are now taking and/or will take to complete the requirements for your degree:

Courses you are now taking:	Courses you will be taking:	Courses you will be taking:
Term:	Term:	Term:

The student is responsible for completing the degree requirements on his/her program of study. This application for degree will NOT serve to officially change your program of study. See your adviser regarding such changes.

If any of the above is transfer credit, when will it be completed? _____
(Official transcripts listing transfer credit must be on file at GCSU before credit is evaluated for graduation.)

Signature of Student: _____ Date: _____

Please return this form to: GCSU Office of the Registrar, Campus Box 69, Milledgeville, GA 31061

For Office use only:

Date Received by Registrar's Office: _____ Date Sent to Coordinator's Office: _____

Approved as Projected: _____ Date: _____
Coordinator's Signature

Final Approval for Graduation: _____ Date: _____
Coordinator's Signature