



# Application for Graduate Degree

Please pay the \$60 application fee at [gcsu.edu/registrar/graduation-and-commencement](http://gcsu.edu/registrar/graduation-and-commencement) and attach your receipt to this form.

## PLEASE PRINT OR TYPE

Legal Name (as it should appear on your diploma): \_\_\_\_\_

First

Middle

Last

Student ID Number: 911- \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address for Diploma: \_\_\_\_\_

Street

City

State

Zip

## Degree (check one)

<input type="checkbox"/> Doctor of Nursing Practice (DNP)	<input type="checkbox"/> Master of Music Education (MMEd)
<input type="checkbox"/> Master of Accountancy (MAc)	<input type="checkbox"/> Master of Music Therapy (MMT)
<input type="checkbox"/> Master of Arts (MA)	<input type="checkbox"/> Master of Public Administration (MPA)
<input type="checkbox"/> Master of Arts in Teaching (MAT)	<input type="checkbox"/> Master of Science (MS)
<input type="checkbox"/> Master of Business Administration (MBA)	<input type="checkbox"/> Master of Logistics and Supply Chain Management (MLSCM)
<input type="checkbox"/> Master of Education (MEd)	<input type="checkbox"/> Master of Science in Criminal Justice (MSCJ)
<input type="checkbox"/> Master of Fine Arts (MFA)	<input type="checkbox"/> Master of Science in Nursing (MSN)
<input type="checkbox"/> Master of Management Information Systems (MMIS)	<input type="checkbox"/> Specialist in Education (EdS)

Major: \_\_\_\_\_ Area of Concentration (if applicable): \_\_\_\_\_

Graduate Coordinator: \_\_\_\_\_

Degree requirements will be completed: (circle one) Fall Spring Summer Year: \_\_\_\_\_

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

Courses in current term _____	Courses you will be taking for _____ term: _____	Courses you will be taking for _____ 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 graduate coordinator regarding such changes.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please return this form to: GC Office of the Registrar, Campus Box 69, Parks Hall 103, Milledgeville, GA 31061  
or Registrar@GCSU.edu.**

Official Use Only

Date Received by Registrar's Office: \_\_\_\_\_ Entered in Banner: \_\_\_\_\_ / \_\_\_\_\_ initials

Approved as Projected: \_\_\_\_\_ Registrar's Signature Date: \_\_\_\_\_

Approved for Graduation pending final grades: \_\_\_\_\_ Registrar's Signature Date: \_\_\_\_\_

Posted/Award Date \_\_\_\_\_ Evaluated by \_\_\_\_\_ Date: \_\_\_\_\_  
name \_\_\_\_\_