



Application for Graduate Degree

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

PLEASE PRINT OR TYPE

Print 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)

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

Major: _____ Area of Concentration (if applicable): _____

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 Bobcats email.)

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 adviser 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.)

Signature of Student: _____ Date: _____

To be submitted to the Office of the Registrar 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 107, Milledgeville, GA 31061

Official Use Only

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

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

Approved for Graduation pending final grades: _____ Coordinator's Signature _____ Date: _____

Posted/Award Date _____ Evaluated by _____ name _____ Date: _____

I/NR grades _____ GPA _____ HRS _____