Instructions for Filling Out the Graduation Application

- Complete the Student Biographical Information in Section "A"
- Complete the Degree Information in Section "B"
  - Circle "DPA" or "MPA"
- Add your Signature and Date to Section "C"
  - Do NOT fill out the remaining course requirements; these will be added at some point by your advisor.
- Do NOT fill out Section "D" – This is for Registrar staff ONLY
- Send Completed Application to juljackson@valdosta.edu
- Pay the $25.00 Graduation Fee to the Bursary. The Bursary can be contacted either by phone at 229-333-5725 or by web address at http://www.valdosta.edu/administration/finance-admin/financial-services/students/

Please Follow These Instructions . . . If You Do Not, Your Application May Take a LONG Time to Process
Application for Degree
Valdosta State University
Office of the Registrar
ADDRESS 1500 N. Patterson St. • Valdosta, GA 31698-0175
PHONE 229-333-5727 • FAX 229-333-5475 • WEB www.valdosta.edu/registrar

SECTION A: STUDENT BIOGRAPHICAL INFORMATION (Print name Exactly as it should appear on the Diploma)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Student ID Number</th>
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Local Address ____________________________ Phone Number ____________________________
Permanent Address ____________________________

Semester to Complete Degree Requirements (circle): Fall Spring Summer Year: __________

SECTION B: DEGREE INFORMATION (circle one)
Undergraduate: AA AAS BA BAS BBA BFA BGS BM BS BSAT BSED BSEP BSN
Graduate: DPA EDD EDS MA MAC MAT MBA MED MLIS MMED MMP MPA MS MSN MSW

Major: __________ Minor (Undergraduate Degrees Only): __________

SECTION C: REMAINING COURSE REQUIREMENTS (To be listed by Advisor)

<table>
<thead>
<tr>
<th>Courses</th>
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If there are any substitutions or waivers in the applicant's program, the proper forms should be submitted with this Application for Degree meeting requirements specified in catalog (indicate year) __________

Signature of Advisor ____________________________ Signature of Student ____________________________

Date __________ Date __________

SECTION D: TO BE COMPLETED BY OFFICE OF THE REGISTRAR ONLY.

Date AFD Submitted: __________ 
Receipt Number: __________
Totals: NAHR __________
AFD __________
VSU __________
TOTAL __________
Graduation TL __________ GPA __________
Requirements Met:
CPC __________ RTP __________
PE __________ US HIST __________ US CON __________
HE __________ GA HIS __________ GA CON __________
MFL __________ COMFS __________

Reviewer __________ Date __________

Additional requirements not listed by advisor

Final Reviewer __________ Date __________