




Graduation Application and Instructions

1. Complete Application:	Fully complete applicant's portion of attached application for degree. Please provide a local phone number and accurate information. This information will be used for correspondence and diploma processing.	 Check off as you complete each section.
2. See Your Advisor:	Student and advisor must SIGN and COMPLETE section "C" of the attached application. **ADVISOR CURRICULUM CHECKLIST FROM ADVISING FILE MUST ACCOMPANY THIS FORM (Application). **	_____
3. Pay Graduation Fee:	A \$25.00 fee for graduation must be paid to the cashier at the Bursary before application will be processed. Please contact the Bursary at 229-333-5718 for credit or debit payment or mail check with application. Include receipt number with application.	_____
4. New Alumni Datasheet	Complete New Alumni Data Sheet. Submit with application.	_____
5. Submit Application:	Submit completed packet to the Registrar's Office. Packet must include: COMPLETED & SIGNED APPLICATION, FEE RECEIPT, AND CURRICULUM CHECKLIST.	_____

*****Important Information*****

- Change in expected graduation date: Students who do not complete requirements during the term indicated on the Application must immediately notify the Registrar's Office of the change.
- Changes in the Diploma Mailing Address must be submitted to the graduation auditors.
- Contact the Bookstore at (229) 333-5666 for information regarding your cap and gown.
- Applications for Degree should be turned into the Registrar's Office two semesters before expected graduation.
- The Registrar's Office will not process Applications that are incomplete.
- ****All financial obligations to the University must be cleared before an official Diploma will be issued.****



Application for Degree

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)

Last Name	First Name	Middle Name	Student ID Number
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** **BSED** **BSEP** **BSN**
 Graduate: **EDD** **EDS** **MA** **MAED** **MAT** **MBA** **MED** **MLIS** **MMED** **MMP** **MPA** **MS** **MSN**

Major: _____ Minor (Undergraduate Degrees Only): _____

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

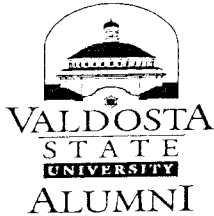
Courses	Hours	Courses	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____	Additional requirements not listed by advisor: _____ _____ _____
Graduation TL _____ GPA _____	
Requirements Met: CPC _____ RTP _____ PE _____ US HIST _____ US CON _____ HE _____ GA HIS _____ GA CON _____ MFL _____ COMPS _____	Reviewer _____ Date _____ Final Reviewer _____ Date _____



NEW ALUMNI INFORMATION

Office of Alumni Relations
 Valdosta State University
 Valdosta, Georgia 31698-0216
 229-333-5797 or 800-464-3638
 Fax: 229-245-3850

LAST NAME		HOME ADDRESS	
FIRST			
MIDDLE		CITY	
TITLE	MISS MRS MS MR DR	STATE	ZIP
MARITAL STATUS	M S W D	SEX	M F
NICKNAME		PROFESSION	
MAIDEN NAME		POSITION	
SCHOOL		EMPLOYER	MG? YES NO
DEGREE	MAJOR	YEAR	
SCHOOL		ADDRESS	
DEGREE	MAJOR	YEAR	
SCHOOL		CITY	
DEGREE	MAJOR	YEAR	STATE ZIP
PRINT JOB POSITION ON CORRESPONDENCE?		YES NO	BUSINESS PHONE EMAIL ADDRESS
ENTERED		SEND MAIL TO: HOME OFFICE	
CLASS OF		COUNTY	
YEAR LEFT		STUDENT ID	
BIRTHDAY		SOCIAL SECURITY NUMBER	
RACE (OPTIONAL)		RELIGION (OPTIONAL)	

PARENTS/GUARDIANS/OR NEAREST LIVING RELATIVES

NAME	NAME
RELATIONSHIP	RELATIONSHIP
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
HOME PHONE	HOME PHONE
WORK PHONE	WORK PHONE

SPOUSE INFORMATION

LAST NAME		PROFESSION	
FIRST		POSITION	
MIDDLE		EMPLOYER	MG? YES NO
TITLE	MISS MRS MS MR DR		
NICKNAME		ADDRESS	
SCHOOL			
DEGREE	MAJOR	YEAR	CITY
		STATE	ZIP
PRINT JOB POSITION ON CORRESPONDENCE?		YES NO	BUSINESS PHONE EMAIL ADDRESS

VALDOSTA STATE UNIVERSITY ALUMNI ASSOCIATION

ARE YOU FAMILIAR WITH THE ALUMNI ASSOCIATION? YES NO

WHAT WOULD YOU LIKE THE ALUMNI ASSOCIATION TO DO? _____

WOULD BE INTERESTED IN SERVING AS A VOLUNTEER FOR THE VSU ALUMNI ASSOCIATION.

CONTINUED ON BACK

