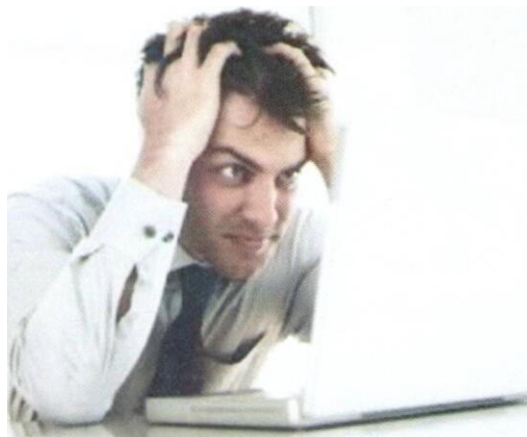


Instructions for Filling Out the Graduation Application

- 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 pa@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/reg1strar

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

Last Name	First Name	Middle Name	Student 10 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 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)

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