



APPLICATION FOR GRADUATION

***There is a \$35.00 graduation application fee.
Please return completed form to the Registrar's Office.***

Deadlines for Graduation Application

Summer Graduation: Application due by March 1.
Winter Graduation: Application due by July 1.
Spring Graduation: Application due by October 1.

| Official Use Only | |
|-------------------|--------------------|
| Fee Paid: _____ | Verified by: _____ |
| Receipt #: _____ | Date: _____ |

Please print your name exactly as you wish it to appear on your award.

| | | |
|-------------------|-------------|--------------------------------|
| First Name | Middle Name | Last Name |
| Street Address | | |
| City | State | Zip Code |
| Phone (Day) | | Phone (Evening) |
| Student Signature | | Student ID# (preferred) or SSN |
| | | Date |

| | | |
|---------------------------------|---------------------------------|----------------------------------|
| Program of Study | <input type="checkbox"/> Degree | <input type="checkbox"/> Diploma |
| Semester of Completion: | | |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring |

Will you be participating in the graduation ceremony? _____ Yes _____ No

If YES, please provide the following information:

Height _____ **Weight** _____ **Male** _____ **Female** _____

THIS AREA TO BE COMPLETED BY ADVISOR

I certify that course requirements are on track for graduation and have attached a copy of the student's program advisement sheet.

Advisor's Signature _____ Catalog Year _____

Employment Status (check one) Employed in Field Employed in Related Field Employed in Unrelated Field
 Unemployed Status Unknown Continued Education Military
 Employed Field & Continuing Education Employed Related Field & Continuing Education
 Not Available for Employment Employed Unrelated Field & Continuing Education

Employer Name: _____

Employer Address: _____

Employer Phone Number and Contact Person: _____

Continuing Education Information: _____

THIS AREA TO BE COMPLETED BY REGISTRAR'S OFFICE

Courses verified in BANNER: _____ High School Transcript/GED on File _____

Diploma/Degree process and mailed: _____ Graduation Requirements Met _____

Exit Information Keyed into BANNER: _____ GPA _____ COMMENTS: _____

Do you need special accommodations or assistance to participate in the ceremony? Do you have a guest who may need special accommodations? Individuals with disabilities requiring assistance or accommodations to participate in the graduation ceremony should contact Zelma Jones at 770-824-5241 or zelma.jones@westgatech.edu.