APPLICATION FOR GRADUATION

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 ID#

Student Signature

Program of Study: □ Diploma □ Degree

Semester Completion: □ Summer □ Fall □ Spring

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

If YES, please provide the following information: Height: ________ Weight: ________

GRADUATES ONLY: Last Date of Attendance ____________________________________________

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

Employer Name: ___________________________________________________________________
Employer Address: ___________________________________________________________________
Employer Phone Number and Contact Person: ___________________________________________
Continuing Education Information: ______________________________________________________

THIS AREA TO BE COMPLETED BY ADVISOR

I certify that course requirements are on track for graduation and have attached a copy of student’s Degree Works audit.

Advisor’s Signature: __________________________________________________________________

THIS AREA TO BE COMPLETED BY REGISTRAR’S OFFICE

Courses verified in BANNER: ____________________________________________________________

Certificate processed and mailed: _______________________________________________________

Exit Information keyed into BANNER: _____________ 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.

As set forth in its student catalog, West Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to handle inquiries regarding the non-discrimination policies: Equity (Title IX) coordinator is V.P. of Student Affairs. ADA (Section 504) coordinator is V.P. of Administrative Services. Both are located at 401 Adamson Square, Carrollton, GA 30117. 678.664.0400

Revised 6/2018

Deadlines for Graduation Application
Summer Graduation: Application due by March 1
Fall Graduation: Application due by July 1
Spring Graduation: Application due by October 1

There is a $40.00 graduation application fee. Please email completed form to the Registrar’s Office (registrar@westgatech.edu).