Graduation Application

I expect to complete degree requirements:  □ Summer 20____  □ Fall 20____  □ Spring 20____

SECTION I
Print Name: ___________________________ Student ID: ___________________________
   (As it appears on your SGSC record)
Print Name: ___________________________
   (As you wish to appear on diploma)
Phone: ___________________________ E-mail Address: ___________________________
Mailing Address: ___________________________ City, State, Zip: ___________________________

Degree (circle one): AA  AS  ASN  BSN  BS  Pathway/Option/Track: __________________________
Please indicate Pathway. For example, Biology, Business Administration, Criminal Justice, Education, Pre-Allied Health, Sociology, Theater, etc.
If Education, please indicate option. If BS in Biological Sciences or BS in Management, please indicate track.

Degrees: AA: Associate of Arts; AS: Associate of Science; ASN: Associate of Science in Nursing;
BSN: Bachelor of Science in Nursing; BS: Bachelor of Science

SECTION II
Graduation Requirements*

Advisor – check if requirement has been met:
☐ Completion of required Course Work for degree declared above. (Advisor must attach Graduation Checkout which indicates which courses were used to satisfy all course requirements. Advisor and student must complete any needed course substitution form(s).)
☐ GPA of 2.0 on courses presented for graduation.
☐ Courses in AREA A and AREA F have grade of “C” or higher.
☐ In Good Standing academically.
☐ Met U.S. and Georgia History & Constitution requirements.

Student – check if requirement has been met:
☐ Registered at SGSC during term graduation requirements are met. (See catalog for exceptions.)
☐ No outstanding financial obligations to SGSC.

Pay nonrefundable $40.00 graduation application fee at the Cashier’s Office.
Douglas Campus: Engram Hall
Waycross Campus: Administrative Building

Application Deadline: Last day of class the term prior to the graduation term.

SECTION III
Student’s Signature: ___________________________ Date: ___________________________
Advisor’s Signature: ___________________________ Date: ___________________________
Please attach completed Graduation Checkout to this notification of graduation.
Financial Aid: ___________________________ Date: ___________________________

Return completed form to:
SGSC Registrar’s Office
100 West College Park Drive
Douglas, GA 31533
Fax 912-260-4455

Do you plan to walk in the May Graduation Ceremony?
☐ Yes  ☐ No
If Yes, which Campus?
☐ Douglas  ☐ Waycross
BSN and BS Graduates should plan to walk in Douglas.
South Georgia State College (SGSC) Graduate Survey

I expect to meet all requirements for graduation at the end of [ ] Summer 20____ [ ] Fall 20____ [ ] Spring 20____

1. Overall, do you consider your decision to attend SGSC a positive one?
   a. Yes
   b. No

2. What is the highest degree of education that you plan to hold in the next 5-10 years?
   a. Associates
   b. Bachelors
   c. Masters
   d. Doctorate
   In what area? (e.g., Business Administration, Education, English, etc…)

3. Would you consider South Georgia State College to pursue a Bachelor's degree in the future? (if you have not already)
   a. Yes
   b. No
   If no, please tell us why:
   a. SGSC does not offer a degree or program with my intended pathway or major.
   b. Transferring to a technical college
   c. Other: _______________________________________________________________________

4. SGSC honors faculty and staff who make a difference in students’ lives. Is there anyone at SGSC whom you would like to acknowledge for contributing to your personal and/or educational success? Please identify him/her by name in the space provided below:

   Faculty/Staff Name: ___________________________________________________
   Faculty/Staff Department: ______________________________________________

5. Please indicate how satisfied you are with the following services of SGSC:

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<th>Service</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>No Opinion</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
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<td>a. Registration procedures</td>
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<td>b. Financial Aid</td>
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<td>c. Business Office</td>
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<td>d. SGSC Website and online services</td>
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<td>f. Course Offering</td>
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6. How could South Georgia State College improve its practices for future students? (optional)
_____________________________________________________________________________
_____________________________________________________________________________
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Revised March 2019