

# ARMSTRONG ATLANTIC STATE UNIVERSITY

## School of Graduate Studies – Application for Candidacy and Graduation

11935 Abercorn Street • Savannah, Georgia 31419-1997 • 912.927.5377 or 1.800.633.2349 • www.gs.armstrong.edu

Instructions: This application should be submitted to the School of Graduate Studies **two** semesters before degree completion. Please complete the student section and have the coordinator and advisor complete the academic unit's section. Pay graduation fee at the cashier's window and bring this application to the School of Graduate Studies.

### STUDENT

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
City State Zip Code Telephone # \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Print name exactly as it is to appear on diploma \_\_\_\_\_  
(First, Middle/Maiden, Last)

Semester that I anticipate completing my degree requirements:  Fall  Spring  Summer

Commencement that I would like to have my degree conferred:  May  December Year \_\_\_\_\_

### ACADEMIC UNIT

I approve this student for graduation upon completion of the following requirements. This approval includes courses in the program of study including the required GPA.

Semester _____	Semester _____	Semester _____
Course _____	Course _____	Course _____
Course _____	Course _____	Course _____
Course _____	Course _____	Course _____

Comprehensive Assessment Results \_\_\_\_\_

Other Requirements \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Graduate Coordinator \_\_\_\_\_ Date \_\_\_\_\_

### CASHIER

Graduation fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Initials \_\_\_\_\_

### SCHOOL OF GRADUATE STUDIES

Date received \_\_\_\_\_ First check \_\_\_\_\_ Final check \_\_\_\_\_  
for candidacy for graduation