

South Carolina State University Application for Degree

OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ Fax: (803) 536-8602

- Undergraduate December
 Graduate May
 July
 Year _____

SECTION I (TO BE COMPLETED BY THE STUDENT)

_____ Major _____ Minor _____
 _____ Campus Wide ID

Telephone (____) _____
 Have you applied for graduation before? Yes ___ No ___ Term ___
 Did you March? Yes _____ No _____ Term _____

The Graduation Application Fee is \$100.00. The Late Application Fee is \$25.00 (please see Academic Calendar for filing period). The Graduation Application Fee is non-refundable and non-transferable. The Graduation Application Fee does not include Academic Regalia cost.

VERY IMPORTANT: Your application for graduation is NOT valid unless the original copy is signed, graduation fee paid and returned to the Registrar's Office for processing. Diplomas will be mailed 30 working days after commencement to the permanent address listed on your Graduation Application.

Name _____
 First Middle Maiden Last (Jr., etc.)

Permanent Address _____ City _____ State _____ Zip Code _____

Local Address _____ City _____ State _____ Zip Code _____

E-Mails will be sent to your CAMPUS e-mail address ONLY.

E-mail Address _____

SECTION III (COMPLETED BY CASHIER)

*PRINT NAME BELOW EXACTLY AS YOU WISH IT TO APPEAR ON DEGREE

GRADUATION FEE DATE
 \$ _____

_____ First Middle/Maiden Last (Jr., etc.)

CASHIER: _____

*(Documentation is required for a Name Change. Please attach as necessary.)

DEGREE SOUGHT:

- | | | |
|---------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Bachelor of Arts | <input type="checkbox"/> Bachelor of Social Work | <input type="checkbox"/> Master of Education |
| <input type="checkbox"/> Bachelor of Science | <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Master of Science |
| <input type="checkbox"/> Bachelor of Science in Nursing | <input type="checkbox"/> Master of Arts in Teaching | <input type="checkbox"/> Master of Business Administration |
| | <input type="checkbox"/> Educational Specialist | <input type="checkbox"/> Doctor of Education |

SECTION II (TO BE COMPLETED BY THE STUDENT'S CHAIRPERSON OR DEAN: FOR UNDERGRADUATE STUDENTS ONLY)

COURSE ID	COURSE TITLE	CREDITS	ENGLISH PROFICIENCY EXAM:	PASSED (Y OR N)	DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	FUNCTIONAL GRAMMAR:	PASSED (Y OR N)	DATE
_____	_____	_____	_____	_____	_____

List course(s) presently taken at another Institution:

INSTITUTION: _____ COURSE(S): _____

TO BE APPROVED BY CHAIRPERSON _____ DATE _____

SECTION IV (TO BE COMPLETED BY GRADUATE DEAN: FOR GRADUATE STUDENTS ONLY)

CLEARED FOR GRADUATION: YES NO

IF NO, REASON: _____

SIGNATURE, GRADUATE DEAN _____ DATE _____

SECTION V (TO BE COMPLETED BY THE STUDENT)

I understand if I do not complete all the requirements for the major and minor listed above, in addition to the General Education and Bachelor's/Master's/Doctorial degree requirements as outlined in the Undergraduate and Graduate Catalogs, I will not be cleared for graduation, and I will not be able to participate in commencement exercises.

STUDENT'S SIGNATURE _____ DATE _____

PLEASE MAINTAIN A COPY FOR YOUR RECORDS.