APPLICATION FOR GRADUATION

For more information visit: <u>www.abac.edu/graduation</u> Communication about graduation will be sent to your **ABAC Email Account**

INSTRUCTIONS

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Abraham Baldwin Agricultural College

1.	Apply for graduation one semester pr	ior to completion. T	The preferre	d deadline f	or submitting a graduation application i	s the 9th Friday of the
	previous term after classes begin.	Graduating Ter	m	Submit A	pplication	
		Spring			all	
		Summer			ring	
~		Fall	1 1		ring	
2. 3.	Meet with your advisor to complete your application and degree evaluation. Use a separate application for multiple degrees.					
3. 4.	Ensure your permanent address is up-to-date in Banner Web. This is the address where your diploma will be mailed. Bring your completed graduation application and DegreeWorks printout to Academic Support. An Academic Counselor will review the					
т.	application to ensure you are on track to graduate.					
5.	If you submit your graduation applica	-	lay of the p	rior term, yo	u will receive Priority 0 registration sta	atus.
DE	GREE INFORMATION Graduating	Term:		Year:		
Deg	gree Type: 🗆 BA/BS 🛛 AA/AS 🗆	AAS 🗆 AFA P	rogram:			
	you applying for a Minor? □Yes (please					
	ot completing final courses/graduation re	-		·		
STU	JDENT INFORMATION Site Loca	tion:			Are you a veteran? □Yes □No	
Nar	ne:				ID#	
	ne: LEGAL NAME ONLY - NO NICKNA	MES - Print name EX	ACTLY as i	t should appea	ar on the diploma.	
Sig	nature:			Date:	Cell Phone:	
C						
AB.	AC Email:					
	C	fficial communic	ation is on	ly sent to a	n ABAC email address.	
COI	MMENCEMENT INFORMATION				If was Tiffian an Daimhnidea	
Are	you participating in the Graduation	Ceremony?	YES	NO	If yes, Tifton or Bainbridge	Tifton Bainbridge
Do	you have a mobility impairment?		YES	NO	Bainbridge holds a Spring com graduating in the Fall can partic or the Spring Bainbridge cerem	cipate in the Tifton ceremony
	ADVISOR & SCHOOL APPROV	 AL:				
Δ	Advisor's Name Printed			Sig	nature of Academic Advisor	Date
				Olg		Date
	Received by Academic Support:					
	Date: By:		_ Siç	gnatures:	Degree	Works:
	BE COMPLETED BY ACADEMIC	SUPPORT ·				
Item	ns noted below indicate graduation require	ment(s) which are no	ot met. See	your Acader	nic Advisor if you have questions:	
1St	Review	Date		Final	Review	Date
Pos	sted in SHADEGR	-		Date	Degree Recorded	
		Email sent:	Adv	visor	_Student	