

UNIVERSITY OF ATLANTA  
Application for Graduation  
PLEASE TYPE OR PRINT ALL INFORMATION.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Identification #: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Name as you would like it to appear on your Degree (print or type):

\_\_\_\_\_

*I have successfully completed all of my required courses for my degree program. My tuition is paid in full and I am eligible for graduation.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I attest that this student has successfully completed all required courses.*

Faculty Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I attest that this student has fulfilled all financial obligations to the University and has paid the \$75 graduation fee.*

Business Office Signature: \_\_\_\_\_ Date:

\_\_\_\_\_