

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:
