College of Coastal Georgia  
APPLICATION FOR GRADUATION  
View your transcripts on-line at http://www.ccg.edu

INSTRUCTIONS:
1. **Complete**, sign and date application. 
2. **See your advisor** for signature and preliminary assessment. 
3. **Pay** Graduation Fee at the Business Office. 
4. **Return Application to Registrar’s Office.**

APPLYING FOR: (please check one)

_____ Associate of Arts  
_____ Associate of Science  
_____ Associate of Applied Science  
_____ One Year Certificate  
_____ Technical Certificate of Credit

PROGRAM OF STUDY (e.g., Computer Information Technology): _________________________________________

CONCENTRATION (e.g., Network Specialist): _______________________________________________________

SEMESTER AND YEAR YOU PLAN TO GRADUATE: ______________________________________________

CATALOG YEAR UNDER WHICH YOU WISH TO BE EVALUATED: ___________________________________

NAME: _____________________________________________________________________________

(THIS IS HOW YOUR NAME WILL APPEAR ON YOUR DIPLOMA)

STUDENT ID NUMBER: _________________________________  ADVISOR: _____________________

COMPLETE MAILING ADDRESS: ____________________________________________________________

(STREET)

(CITY) (STATE) (ZIP)

TELEPHONE NUMBER: __________________________________________________________________

_____ I plan to attend graduation ceremony  
_____ I DO NOT plan to attend graduation ceremony  

(IF YOU PLAN TO ATTEND THE GRADUATION CEREMONY, PLEASE COMPLETE THE FOLLOWING INFORMATION:)

MALE  
FEMALE

HEIGHT: _________  
WEIGHT: _________

STUDENT’S SIGNATURE _______________________________ DATE ________________________

ADVISOR’S SIGNATURE _______________________________ DATE ________________________

ORIGINAL: BOOKSTORE  
COPY 1: REGISTRAR  
COPY 2: INSTITUTIONAL RESEARCH