

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

May

July

Year _____

Graduate

SECTION I (TO BE COMPLETED BY THE STUDENT)

_____ Campus Wide ID

Major _____ Minor _____

Telephone _____

Have you applied for graduation before? Yes ___ No ___ Term ___

Did you March? Yes _____ No _____ Term _____

Re-applicants for graduation pay a fee of \$50.00 up to 30 DAYS AFTER COMMENCEMENT. Re-applicants will be responsible for a progressive late fee (up to a maximum of \$100.00) after the 30 day period.

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.

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

Permanent Address _____ City _____ State _____ Zip Code _____

Local Address _____ City _____ State _____ Zip Code _____

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.)

\$ _____

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

CASHIER: _____

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 _____

