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
☐ Graduate

☒ December
☐ May
☐ July
Year _____

SECTION I (TO BE COMPLETED BY THE STUDENT)

_____ Major _____ Minor _____
Campus Wide ID

Have you applied for graduation before? Yes ___ No ___ Term _____
Did you March? Yes _____ No _____ Term _____

Telephone (____) _____

The Graduation Application Fee is $100.00. The Late Application Fee is $25.00(please see Academic Calendar for filing period). The Graduation Application Fee is non-refundable and non-transferable. The Graduation Application Fee does not include Academic Regalia cost.

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. Diplomas will be mailed 30 working days after commencement to the permanent address listed on your Graduation Application.

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

Permanent Address _____ City _____ State _____ Zip Code _____

Local Address _____ City _____ State _____ Zip Code _____

E-Mails will be sent to your CAMPUS e-mail address ONLY.
E-mail Address _____

***PRINT NAME BELOW EXACTLY AS YOU WISH IT TO APPEAR ON DEGREE**

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

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

SECTION III (COMPLETED BY CASHIER)

GRADUATION FEE DATE

$_____ _____

CASHIER: _____

DEGREE SOUGHT:

- ☐ **Bachelor of Arts**
- ☐ **Bachelor of Science**
- ☐ **Bachelor of Science in Nursing**
- ☐ **Bachelor of Social Work**
- ☐ **Master of Arts**
- ☐ **Master of Arts in Teaching**
- ☐ **Educational Specialist**
- ☐ **Master of Education**
- ☐ **Master of Science**
- ☐ **Master of Business Administration**
- ☐ **Doctor of Education**

SECTION II (TO BE COMPLETED BY THE STUDENT'S CHAIRPERSON OR DEAN: *FOR UNDERGRADUATE STUDENTS ONLY*)

COURSE ID	COURSE TITLE	CREDITS

	PASSED (Y OR N)	DATE
ENGLISH PROFICIENCY EXAM:	_____	_____
FUNCTIONAL GRAMMAR:	_____	_____

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** _____

PLEASE MAINTAIN A COPY FOR YOUR RECORDS.