

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)

Campus Wide ID

Major _____ Minor _____

Telephone (____) _____

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

Did you March? Yes _____ No _____ Term _____

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 _____

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.)

CASHIER: _____

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

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 _____

PLEASE MAINTAIN A COPY FOR YOUR RECORDS.

PRELIMINARY CLEARANCE FOR GRADUATION

*This form serves as a **checklist** to assist you in determining if you are on course to meet **all** program, Graduate School, and University requirements to qualify for graduation during the cycle for which you are applying.*

*****PLEASE INCLUDE A COPY OF YOUR PROGRAM OF STUDY*****

Name _____ ID#: 9000 _____ Graduation Cycle (Circle)
 Last First Middle/Maiden Spring Summer Fall _____
 Year

CIRCLE DEGREE: M.A. M.A.T. M.B.A. M.Ed. M.S. Ed.S. Ed.D. **MAJOR:** _____

CIRCLE THE APPROPRIATE RESPONSE FOR EACH ITEM BELOW:

1. **Are any of your courses listed on your Program of Study over age?** *Any requirement exceeding six years for master's candidates and eight years for specialist or doctoral candidates must be revalidated.*
 Yes No If your answer is "Yes," you must request a Revalidation packet.
2. **Have you transferred in any courses from another institution to your Program of Study?**
 Yes No In Progress
3. **Do you have any INCOMPLETE ("I") grades on your Program of Study?**
 Yes No If your answer is "Yes," what are you doing to resolve this matter?
 ___Have Submitted Work ___Will Submit Work ___Repeating Class(es) ___Other _____
4. **Are you in the Thesis/Dissertation option?** Yes No
 If your answer is "Yes," note the deadline to submit final (Ready-for-Binding) copies of your manuscript to the School of Graduate Studies for your graduation cycle: **Spring (March 31) Summer (July 1) Fall (November 1)**
5. **Will you be seeking initial or add-on educator certification upon graduation?** Yes No
 If your answer is "Yes," you must submit a copy of your PRAXIS II score report to the Graduate School **and** see the following individuals regarding the certification process: MAT/MED-Dr. Janice Owens; Counselor Education-Dr. Philip Scriven; Ed.S./Ed.D. – Ms. Elizabeth Horton or Ms. Annette Russell.

COMPREHENSIVE EXAMINATIONS: (Master's Candidates Only)

Professional Comprehensive Examination (M.Ed. Only)	Passed on		Will take on	
Subject-Matter Comprehensive Examination (All, EXCEPT M.A.T.)	Passed on		Will take on	

EXIT SURVEYS: There are three (3) on-line Graduate Student surveys to complete. All Graduate School candidates are required to complete the Graduate Exit Survey. Ed.S. and Ed.D. candidates are also required to complete the Department of Educational Leadership Exit Survey. In addition, Ed.D. candidates are required to complete the Survey of Earned Doctorates. Please see the enclosed "Exit Survey" flyer for instructions to access these surveys.

*****PLEASE NOTE:** You will NOT be able to graduate (nor march) during the cycle you have filed if you have any of the following deficiencies: (1) Your cumulative grade point average is below 3.0 at the end of the semester; (2) you fail a required course or program requirement; and (3) an incomplete grade for a required course remains on your transcript.***

STUDENT'S Signature _____ ADVISOR'S Signature & Date _____ / _____

APPROVED (Pending final clearance): _____ Date _____
 For the Graduate School