Office of the Registrar
1704 S. Slappey Blvd
Albany, Georgia 31701
Office (229) 430-5281   Fax (229) 430-6180
Email: Registrar@albanytech.edu

GRADUATION APPLICATION

ALBANY Technical College

INSTRUCTIONS:

1. <u>Print</u> all information in Parts I, II, and III of this application.
2. Attach *SIGNED* Degree Works Graduation Audit only. (Must be signed by the Program Faculty Advisor).
3. Visit the Career Development Center, provide graduate information, and have your career portfolio reviewed to receive a stamp on this application.
4. Bring this Application (Stamped by Career Services) and Degree Works Graduation Audit (Signed by Advisor) to the Registrar's Office for processing and generating the application fee.
5. Provide the $65 fee payment at the Business Office window. Payment is due at filing. Fee may be deferred to Financial Aid (if the student is eligible).

LAST SEMESTER OF CLASSES	GRADUATION CEREMONY:	Priority Application Deadline	Late Date
Spring Semester	*April / May* Graduation	March 15	April 15
Summer Semester	*December* Graduation	June 14	November 14
Fall Semester	*December* Graduation	October 13	November 14

**Applying for Graduation __after__ the Priority Application Deadline may result in the student's name not appearing in the printed Graduation program

and could result in additional expenses or fees (i.e.: cap, gown, tassel, diploma cover, other) **

PART I – STUDENT INFORMATION

What Semester Do You Expect to Complete Classes?

☐Fall   ☐Spring   ☐Summer   YEAR: _____

Do you plan to participate in the Graduation Ceremony?

☐ Yes, I will Walk   ☐ No, I will NOT Walk

Student ID#:_____

Name _____
        First   Middle   Last   Suffix

Print your name legibly as it should appear on the award.

Telephone Number/s: (   ) _____   **Work/Cell Number (   )** _____

Major_____   **Specialization**_____

☐ AAS – Associate of Applied Science   ☐ DP1 – Diploma   ☐ CRT1 – Certificate

PART II – EMPLOYMENT INFORMATION

Place of Employment _____

Address_____

Telephone Number: (   ) _____   **Job Title**_____

PART III – SPECIAL NEEDS INFORMATION

For reasonable accommodation requests, student must contact Regina Watts, Special Needs Coordinator at (229) 430-2854.

All requests for accommodations must be made at least TWO WEEKS BEFORE the graduation ceremony.

☐ **Accessible Ramp**   ☐ **ASL Interpreter***   ☐ **Large Print**   ☐ **Braille**   ☐ **Other:** _____

*ASL Interpreter could only be provided during the GRADUATION CEREMONY—not social events.

The graduation application process is initiated by the student with help from their program faculty advisor. For the most-efficient processing, this application should be submitted <u>the same month</u> the student pre-registers for their last term of classes. Please <u>verify the spelling of your full name</u> in Banner Web and visit the Admissions Office for address, telephone, and/or name changes. Your <u>name will be printed as indicated</u> in Banner Web and your award will be mailed to the address indicated on Banner Web at the time of filing this application

Student Signature_____   **Date**_____