Darton College **Application for Graduation**

Office of the Registrar, 2400 Gillionville Road, Albany, Georgia, 31707-3098

When do you expect to graduate? Deadline to apply is included.

( ) Spring 20_____ (April 15th) ( ) Summer 20_____ (July 30th) ( ) Fall 20_____ (October 15th)

Darton ID: 919-_____ or Social Security # (optional) _____-____-_____

Legal Name as it appears on your Darton records:

_____

Last Name First Name Middle

Diploma Name as you wish it to appear on your diploma (Last name must be the same as your Darton records or you will need to file a name change with the Registrar's Office.

_____

Last Name First Name Middle

Diploma Mailing Address for all graduation materials.

_____

Street Number Street Name Apartment #

_____

City State Zip Code

Is this address you would like for us to mail your diploma? Please note that diplomas are mailed 6-8 weeks AFTER graduation?

YES NO

If no, please provide the address you would like your diploma mailed:

_____

Street Number Street Name Apartment #

_____

City State Zip Code

What is your field of study?_____

Circle the one that applies to your degree:

Associate of Science Associate of Arts Associate of Applied Science Certificate

If you are receiving more than one degree, a separate application is required for each degree.

Are you walking in the graduation ceremony? YES NO

If yes, we need the following information: Height _____ Weight _____

I understand that I am responsible for the $35.00 graduation fee and that it also due by the graduation application deadline. I further understand that the fee is due and payable even if I am not participating in the graduation exercise and that no diploma will be released without the payment of this fee.

_____ _____

Applicant Signature *Date*

*Office Use Only: Date fee paid:*_____ *Receipt #*_____ *Initials*_____

Degree mailed: _____ *Initials:* _____