



Registrar's Office
5717 White Bluff Road
Savannah, GA 31405-5221
Fax: 912.443.5705

GRADUATION APPLICATION

**This form must be accompanied by a completed advisor worksheet. **
All admission requirements, coursework and credit hours must be fulfilled
Have a GPA of at least 2.00
Complete at least 25% of credit at STC
Resolve all financial obligations to the college

STUDENT IDENTIFICATION NUMBER: _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

PHONE NUMBER: (____) - ____ - ____ STC EMAIL: _____

PROGRAM OF STUDY: _____

DEGREE OBJECTIVE: AS DEGREE ____ AAS DEGREE ____ DIPLOMA ____ TCC ____ TCC-EMBEDDED ____

ANTICIPATED DATE OF COMPLETION: Fall Semester ____ Spring Semester ____ YEAR: 20 ____

APPLICANT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE (Required) _____ DATE _____

(FOR OFFICE USE ONLY)

EVALUATION STATUS: ____ APPLICATION RECEIVED ____ APPLICATION AWARDED ____ APPLICATION DEFICIENT
(please list deficiency below)

DATE OF COMPLETION _____ REGISTRAR'S INITIAL _____ DATE _____

Completion Term: _____
Deg. Sequence: _____
Major Code: _____

Transcript: _____
Admit Type: _____
GPA: _____ Honor
Course Verified: _____

Comments:

Received by: _____