



AW / IG / ADV / CMTS Date: _____ By: _____
 C / M / S - U / D Checked: _____ / U RA TT

University of South Alabama
Application for Graduation

Office of the Registrar, 390 Alumni Circle Room 1100
 Mobile, Alabama 36688

Tel: (251)460-6251[Option 4] Fax: (251)460-6123 Email: graduation@southalabama.edu URL: <http://www.southalabama.edu/registrar/gradmain.htm>

Complete and submit to the above address by the published deadline. A \$50.00 graduation application fee will be charged to your student account. In order to receive your diploma, all financial obligations to the University must be cleared through the Office of Student Accounting.

Student ID J00 _____ Undergraduate Graduate First Professional/Ph.D.

IDENTIFICATION INFORMATION

Print name as you want it to appear on diploma: Please be careful to indicate spaces, capital or small letters, and accent marks. The name(s) on your diploma must be on file with the Registrar's Office.

FIRST _____ **MIDDLE** _____ **LAST** _____

GRADUATION INFORMATION

Semester you expect to complete requirements: (Check only one and enter year)

NOTE: If ALL degree requirements are not met for applied term, future registration will be BLOCKED until all end-of-term processes are complete.

Fall 20 _____ Spring 20 _____ Summer 20 _____

COLLEGE / SCHOOL

Allied Health Arts and Sciences Business Computer Sc. Continuing Ed. Education Engineering Medicine Nursing

PROGRAM INFORMATION

Major(s): 1. _____ [] 2. _____ []

Minor(s): 1. _____ [] 2. _____ []

Concentration(s): 1. _____ [] 2. _____ []

Concentration(s): 1. _____ [] 2. _____ []

Degree(s): 1. _____ []

Registrar's Use Only **CATALOG TERM** _____ **PROGRAM CODE:** _____

Approved Honors Program Participant: University Honors: Departmental Honors:

READ AND SIGN: I understand this application is subject to review and approval by my academic dean.

Signature Required: _____ **Date: (MM/DD/YY)** _____

Phone: _____ **USA Email:** _____

This application must be submitted to the USA Registrar's Office.

SUBMISSION OPTIONS: **SCAN AND E-MAIL** - graduation@southalabama.edu **FAX** - 251-460-6123 **IN-PERSON** - Meisler Hall, Suite 1100
MAIL - University of South Alabama, Office of the Registrar, 390 Alumni Circle, Room 1100, Mobile, AL 36688-0001.

MAILING ADDRESS FOR DIPLOMA

Diplomas will be mailed 4 weeks after the end of the semester. Diplomas will be held for one year until all obligations to the university are cleared. **Enter the address where you would like your diploma sent: NOTE: Diploma address change must be in writing to the Registrar's Office.**

Address: _____

City: _____ **State/Province:** _____

Zip/Postal Code: _____ **Country/Nation:** _____

REGISTRAR'S USE ONLY Student notified application received: _____

Application: _____ Date: _____ Fax / E-mail / Mail Date: _____ Coded: _____ Date: _____

Checked: _____ Name: _____ Changed / Verified: _____ / On File

Comments: _____ Updated: _____ Per: College / Student /

EOT _____ Date: _____ Updated: _____ Per: College / Student / EOT _____ Date: _____ Emailed

student application updated to _____ / Notified if TT Assigned File Inactivated (RA): Per: College / Student / EOT

_____ Date: _____ Emailed application is RA and Time Ticket Assigned: Term: _____ Date: _____