

GORDON COLLEGE APPLICATION FOR GRADUATION

This application will be evaluated when the student has completed 30 semester hours of coursework.

Name _____ Gordon College ID _____

Mailing Address _____
Number and Street City State Zip Code

Telephone No. _____ Campus Address (Dorm and Box) _____

Adviser _____ Major _____

Name exactly as it is to appear on diploma _____

Expected semester to complete requirements _____

_____ Date _____ Signature of Applicant

COURSES COMPLETED FOR GRADUATION
See Attached Advisement Worksheet

DO NOT WRITE BELOW THIS LINE

COURSES REQUIRED FOR GRADUATION

Semester _____			Semester _____			Semester _____		
Course	Hours	Area	Course	Hours	Area	Course	Hours	Area
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Satisfied U.S. Constitution Requirement: _____ Satisfied U.S. History Requirement: _____
 Satisfied GA Constitution Requirement: _____ Satisfied GA History Requirement: _____
 Satisfied Regents Test Requirement: _____ Satisfied CPC Requirements: _____
 Satisfied Physical Education Requirement: _____
 Semesters of Full-Time Enrollment: _____
 Diploma Ordered: _____ Degree Conferred: _____

Registrar: _____