

**GRAMBLING STATE UNIVERSITY
GRAMBLING, LOUISIANA**

APPLICATION FOR UNDERGRADUATE DEGREE

_____ Date

PLEASE TYPE NAME IN FULL **YOUR DIPLOMA WILL BE ORDERED AS YOUR NAME IS SPELLED ON THIS FORM.**
IF YOU HAVE AN UNUSUAL NAME TO PRONOUNCE, PLEASE SUBMIT A PRONUNCIATION GUIDE TO THE DEAN OF
YOUR COLLEGE TO INSURE THAT YOUR NAME IS PRONOUNCED CORRECTLY AT COMMENCEMENT.

First Middle Last

Major: _____ Concentration: _____

Minor: _____

This application applies to this requirements for the degree of (Check one)

- Certificate A.A A.S. B.A. B.M.E. B.S. B.S.N. B.S.W.

In the College/School of Business Education Arts & Sciences Professional Studies
at the end of the (Check One) Fall Spring 20_____

Students who are currently enrolled in another college or university, please fill in the following:

College or University: _____		
(A COMPLETE OFFICIAL TRANSCRIPT MUST BE IN THE REGISTRAR'S OFFICE AT THE SAME TIME GRADES ARE DUE).		
Date course will be completed _____		
Courses for which registered: (Do not list courses for which registered at GSU)		
Course No.	Description	Sem. Hrs. Credit
_____	_____	_____
_____	_____	_____

I certify that the degree, major, concentration, and minor shown above are listed as they appear in the _____ Grambling State University catalog, _____ **Year** under which the student is eligible to receive a degree. _____ hours are required for the degree.

Signature of Department Head Date

Signature of Academic Dean Date

Signature of Vice President for Academic Affairs Date

I accept the responsibility for understanding and meeting all requirements for my degree.

Signature of Candidate

Student ID Number/Social Security Number

LOCAL MAILING ADDRESS OF CANDIDATE:

Number and Street

City State Zip Code

HOME ADDRESS OF CANDIDATE

Number and Street

City State Zip Code

Local Phone Number Home Phone Number

Cell Phone Email Address

ORIGINAL – REGISTRAR'S OFFICE